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## ORIGINAL ARTICLES.

### OBJECT LESSONS IN GYNECOLOGY.

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#### IV. TIMIDITY AMONG COUNTRY DOCTORS.

There is a great deal said about the timidity of the country doctor, and our city cousins often marvel at our hesitation and no doubt feel sorry for us without reflecting on our environments or understanding the conditions which either favor or hinder successful work. Among us there is no lack of boldness except when we lack exact information. We are far away from dissecting rooms, and our anatomy consists of what we learned while at school with what we can acquire by occasional references to Gray or some other text-book. We remember a great deal of theoretical teaching which blessed us in student days, and now and then recall a practical lesson which some one of our teachers gave, that serves to guide us through a doubt or difficulty. We are all-round specialists. To-day doing an abdominal section, to-night a high-forceps delivery or a podalic version, to-morrow amputating a toe, removing a pterygium, trephining for fracture, or pulling a tooth, then hurrying away to a case of typhoid fever or cholera infantum. Being well-grounded in the branches of medicine necessary to do all these varieties of work with credit to ourselves and satisfaction to our patients, we must, of necessity, be good in all lines and exact and thorough in none. Our obstetrics is better than that of the city surgeon's, but our surgery not so good. Our surgery is better than that of our city friend who devotes himself to obstetrics, but our treatment of the eye is not up with that of him who treats

the eye alone. Our general practice in systemic diseases is not equal to that of Pepper or DaCosta, but we can reduce a dislocation or adjust a fracture better than either of them. There is a certain boldness, too, which prevails among hospital physicians and surgeons, because of the shortness of the time during which professional relations exist between them and their patients, and the lack of severe personal responsibility which of necessity obtains among them. Of course the hospital physicians or surgeons are responsible to their conscience, and we believe they have as high a standard of rectitude as any set of men in the world; but if a bad result follow their work, or they decide to try a new method or a new line of treatment, they do not have to explain to the friends of the patients and defend it from the harsh criticisms of envious rivals.

We in country practice while losing a patient are always losing a personal friend, and not seldom alienating a whole family. This fact often makes us appear to hesitate where our friend of the hospital staff would cut the Gordian Knot with his scalpel and save a life, which, at the worst, would undergo no more risk from the operation than from the effects of the disease itself. The bread and butter argument creeps into our lives when we try to be most unselfish and we hesitate to take a course not backed by authority, because we get the moral support of our brethren, hence the support of public

opinion, only by treading the beaten path. The man in the city being more a law unto himself, and having charge of those who are looked after by the charity of others, is expected, occasionally, to strike out new roads for the benefit of mankind and for the purpose of settling doubts, or establishing methods or remedies that meet new demands. The country doctor is to a large extent a slave to text-books. What exists between the leaves of conceded authorities is to him the garnered wisdom of ages; and the cautions and exceptions addressed to him by his well-thumbed authors, make as strong an impression as the rules and principles which they lay down for his general guidance. "It is the unexpected which always happens" say the French, and when one is in doubt it is the unexpected which he fears. Hence, text-books which ought to hold up his tired hands while the battle with disease or accident is being fought are but wavering supports, albeit the best in reach. He can not stray very far from the accepted teachings of his books, for in case of a bad result, neither expert, judge nor jury will sustain him. Medical journals and medical societies can not lift him from the slough of text-book lore, because his country society meets very seldom, and the bad state of the roads, if no other reason, keeps him at home one-half the year. Journals may keep him alive to what is going on at the great medical centres, but the new ideas put forth in them must be tried many times by others ere he ventures to try them in his practice and upon his patients.

The great names of the past are cherished by the country doctor with a reverence, which, if it did not carry with it too great a reverence alike for their teachings, might be commendable. A man, however great, must often err, and thus it is that "The evil men do lives after them," even if the good be not all "interred with their bones!"

The country doctor, in his daily work, never comes from under the shadow of his early teacher's influence. Of course, the exigencies of practice soon show him that they lack the infallibility with which his student imagination invested them. Yet their methods and precepts are remembered and often followed long after he has discovered that many of them were very ordinary men who had stepped into the

place of teacher, not by reason of any inherent quality of preëminent fitness for the place, but through some adventitious circumstance or attribute, foreign alike to professional character, and not necessarily coexistent with great professional attainments. As the faculties of none of our colleges contain more than two or three truly able teachers, it follows as a matter of course, that the vast majority of the teaching is done by a host of mediocres, who echo alike the errors and the truths of the past, mixing a great deal of what must be unlearned with what is known to be true, and tarnishing the brilliant things of others with the leaden hue of their own stunted minds. All this has a disastrous effect on those men who must go out to the world relying upon precepts from such a source for guidance.

The modesty of the practitioner remote from medical centres adds to his timidity from other causes. Feeling his lack of exact knowledge, and greatly magnifying the advantage of his more favorably situated brethren, he often gives nature a longer trial and a better chance than she would have in a city or larger town. This fact as often redounds to the benefit of the patient as a more active policy; especially, if that policy has no better reason behind it than enthusiastic boldness and strong self-confidence. If any one asserts his superiority, the country doctor not knowing how little, *how very little* difference there is between the great lights in medicine and the more humble of its followers, rapidly concedes all that others claim for themselves; and, knowing that he cannot perform the wonders which others daily claim, takes it for granted that he can not be up to their standard, and blames his opportunities for much that is more fancied than real. He is ready at all times to confess his defects; and, on account of them, he now and then withholds his hand, because he doubts its strength and skill. He performs his allotted tasks, feeling only that his conscience does not reprove him for not being as good on every line as some of his city friends are in some one particular field of work.

The prevailing tone of both stereotyped and current medical literature has much to answer for in the matter of multiplying the doubts and increasing the hesitation of the country physician. We

are constantly warned at the threshold or end of the description or explanation of every operation or manipulation of magnitude or difficulty, that only the specially trained or skillful should undertake it; that the skill to do most things is only vouchsafed to a few of the Lord's anointed, and that it is much safer to call counsel than to undertake some delicate or dangerous piece of work until we have become specialists. In other words, we must not go near the water until we have learned to swim. This makes a fine harvest for those who have learned to swim; but it leaves us just where we began, standing on the bank shivering with dread at the water, while our patients drown before our eyes for want of that help which we ought to give.

Another cause for our timidity and backwardness is the meager pay which we receive for our best and utmost efforts. To buy the best-books and to take the highest and best class of current literature costs money, while a liberal supply of necessary instruments is to the country doctor an expenditure of almost a small fortune. Being a representative of all the specialties and the practice of medicine also, to be moderately well equipped he must have a number of instruments for each line of work and the special instruments of diagnosis and treatment that pertain to successful practice in the mere application of remedies to the cure of disease non-surgical in character. The city practitioner often gets more for the performance of one operation than the successful and skilled country doctor does for a year's work. As the gratitude of patients is in a direct ratio to the size of the fee paid, it can very readily be seen that there is small encouragement to anything like boldness in action or fullness and completeness of equipment.

Notwithstanding the truth of the foregoing, the history of medicine shows that the country doctor has at times risen to the level of the heroic, and, in the absence of sustaining counsel, by some bold act or sudden inspiration become an epoch-maker in the progress of a great and noble science. We remember with pride that the whole science of abdominal surgery owes its origin to the backwoods surgeon of Kentucky. We like to recall the fact that Baynham, another country doctor of Vir-

ginia, operated successfully for ectopic pregnancy long before the advent of Lawson Tait. It was J. Marian Sims, a country doctor of the South, who put the operation of vesico-vaginal fistula on the list of curative lesions and who revolutionized the whole practice of Gynecology.

It was a country doctor in Ohio who first made the improved Cesarean section, sewing the uterine walls with silver wire, a procedure which, under the name of the Sænger operation, has led a great many to suppose that we owe it, like other good things, to Germany. It was Benjamin W. Dudley, another country surgeon, who made a lithotomy record so high that no man has ever yet been able to duplicate it, even though we have, by the aid of Germany, discovered a universal cause for all surgical failures—*bugs*. What a miserable man this Dudley was who went on making one lithotomy after another, curing his cases, while blissfully ignorant of the fact that everything he touched, even the very air he breathed, was literally swarming with bacteria or micrococci. Had he lived to the present time, he might, by the aid of chemical solution, have run his mortality up from four per cent. to ten or twenty per cent. In fact, by striving hard, he might have equalled some of the best German operators in piling up a mortality list.

#### Head Injuries with Aural Complications.

Dr. J. E. Sheppard (*Archives of Otolaryngology*) says:

1. That the division made by Dr. Buck of fractures of the temporal bone into (a) "fracture or disastasis of the tympanic or squamous portion, in the region of the middle ear, without implication of the pars petrosa; and (b) fracture of both the tympanic and petrous portions," is an entirely tenable and eminently practical one.

2. That fractures of the temporal bone without fatal consequences, and even without loss of hearing, occur more frequently than is generally believed.

3. That in all cases of suspected fracture of this part of the skull, a thorough examination (by speculum and reflected light) should be made of the external auditory canal, of the membrana tympani, and, so far as possible, of the tympanic cavity, as an aid to diagnosis and prognosis, and to obtain any indications that may exist for treatment.—*Am. Lan.*



## CRIMINAL RESPONSIBILITY IN THE EARLY STAGES OF GENERAL PARALYSIS.

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At no time in the history of civilization have influences so comprehensive and far-reaching been contributory to spurring men to action beyond their capacities to bear as to-day. We are "a restless nation possessed of an energy tempted to its largest uses by unsurpassed opportunities," the disastrous results of which are shown in premature decay, in that most prevalent disease, neurasthenia, with its attending miseries and in the increase of that form of mental derangement known as general paralysis of the insane. While it is true that syphilis is the basis of much of general paralysis, yet, the exciting cause, even in these cases, is over-work, brain tire and abuse of the nervous system. The American disease, neurasthenia, offers hope for recovery; the mental derangement, general paralysis, is a disease that carries its victims sooner or later, to the grave. A study of this most protean malady is of great importance to every physician, for its early recognition will often modify the progress of the disease and prevent crime by placing the patient under proper treatment.

Further, we are hopeful that with the advancement and dissemination of the clinical knowledge of this disease it will be recognized while in its functional stage and here arrested. Folsom, of Boston, has (of the American writers,) given us the most classical description of this disease, which I hear quote.

### I. GENERAL PARALYSIS.

"General paralysis is clinically a primary disease, sometimes acute, but for the most part subacute and chronic in its early manifestations, with a definite recognizable anatomical basis and progressive, in which symptoms of brain failure, too slight to be remarked at their actual incipency, are rapidly or slowly succeeded by a cerebral inco-ordination, both psychic and motor, including under the term psychic the so-called moral as well as purely intellectual attributes of the mind; a disease which in its course involves every function of the brain and may in its various phases exhibit many of the symptoms observed by the neurologist, as well as most of those known to the alienist, first im-

pairing, then paralyzing in its steady progress all those high qualities, mental and physical, that distinguish civilized man; and finally, after the wreck of mind and body destroying life itself."

The early symptoms will concern us in this paper; they have not been very satisfactorily studied, because the attending physicians have not distinguished general paralysis from other forms of insanity and as a consequence the prodromal stage is generally passed before the alienist meets the case. The family or friends have been aware of a change in the character and disposition of the patient, but have not been alarmed, "thinking it would pass away."

But no! The case is progressive, and some day they realize that insanity exists and forthwith apply for hospital treatment, too late, however, for the benefit of the patient. Brush says it is unfortunate that the clinical features of the early symptoms of general paralysis are not more graphically defined, and attributes the cause to the lack of observation on the part of the attending physicians, who in a very few instances have recognized the disease, even after it has advanced to such a degree as to require asylum care.

The diagnosis of general paralysis is rarely made, as is evidenced in the following diagnosis taken from twenty-six cases coming under my observation during the past four years: Nervous prostration, melancholia, traumatism, la grippe, brain softening, alcoholism, morphine habit. In the majority no form of insanity is given and the cause is stated as unknown.

Folsom, of Boston, and Hughes, of St. Louis, have exhaustively studied the early symptoms of general paralysis. Folsom says the earliest signs of general paralysis are of the slightest possible brain failure. If, for instance, a strong, healthy man, in or near the prime of life, distinctly not of the nervous, neurotic or neurasthenic type, shows some loss of interest in his affairs or impaired faculty of attending to them; if he become varyingly absent-minded, heedless, indifferent, negligent, apathetic, inconsiderate, and although able to follow his routine duties, his ability to take up



new work is, no matter how little, diminished; if he can less well command mental attention and concentration, conception, perception, reflection and judgment; if there is no unwonted lack of the imitative, and if exertion causes unwonted mental and physical fatigue; if the emotions are intensified and easily changed or excited readily from trifling causes; if the sexual instinct is not reasonably controlled; if the finer feelings are even slightly blunted; if the person in question regards with a placid apathy his own acts of indifference and irritability and their consequences, and especially if at times he sees himself in his true light and suddenly fails again to do so; if any symptoms of cerebral vasomotor disturbance are noticed, however vague or variable—then we can regard his case as one of general paralysis.

Hughes, in a personal letter to me, says: "There is undoubtedly a pre-ataxic stage of general paralysis; a hyperæmic condition when the paretic individual engages in, or is inclined to engage in, business and other ventures having few features of certainty in outcome to commend them that would enlist the active financial interest of the person about to be afflicted with paretic dementia in his normal mental state. At this stage, when self-confidence is becoming supreme, and the morbid impression of conscious capacity for success in almost any undertaking is possessing and growing intenser in the mind every day, the victim of commencing paresis may complicate his social relations as he is liable to do his business affairs, and just as he might do and does do in beginning paresis, where the initial symptoms are those of mental depression or melancholia."

Savage, of England, in a paper on the warnings of general paralysis, says: There are two forms of onset of the disease—the gradual and the sudden. In the latter, there is nothing to warn before the storm has broken. In the gradual onset there is a more or less regularly progressive degeneration of mind and body, so that the highest faculties show the first signs of change and the special attainments fail before the more general; the finer social and the finer muscular adaptations fail and changes and weaknesses in mind and body show themselves. To start with the motor side: Early fatigue is most marked, and is associated with indecision, doubt and

hypochondriasis. Temporary aphasia he regards as an important symptom, and is present long before change in handwriting is noticed. This change in handwriting is specially an important symptom, and is present for a year or more before signs of general paralysis are declared. Facial expression changes, the face becomes fat. The mental and moral tone is changed; the changes of temper and character are noticed early in general paralysis. Self-feeling is exaggerated, hypochondriasis is a frequent warning, and in such cases the morbid ideas are centered in the gastro-intestinal tract. The combined motor and mental symptoms lead to a diagnosis of general paralysis.

The symptoms, as detailed by these authorities, seem striking and capable of being recognized, but careful study of the patient and painstaking interrogation of the family and friends are also necessary to define a case of general paralysis. The mental symptoms are variable, but usually this feeling of well-being prevails, characterized by excessive cordiality, boasting of power and wealth, marked by extravagance in everything undertaken. Emotions are seemingly in a balance; anger is easily and hastily aroused and as easily and hastily calmed; crying and laughing alternate quickly. Moral lapses are so frequent at this time that females are assaulted, undue exposure of the person made in public places, sexual and alcoholic excesses are common, and so frequent are the varied moral lapses that the unfortunate subject, especially if he belong to the lower class of society, becomes lodged in jail for offenses committed. His irritability and anger may lead him to murder, assaults, and trespass on the rights of others. His exalted ideas of power and authority cause consternation in assembly halls, churches and in the seats of government. Such, in brief, is an outline of the early symptoms of general paralysis; the latter stages are seen within the walls of an insane hospital, where death, sooner or later, comes to relieve the weary sufferer of the burden of life.

## 2. RESPONSIBILITY.

Medicine and law differ radically on the question of responsibility. Scientific medicine has been the pioneer to explore the still unsettled regions of criminality among the insane, and has satisfactorily estab-

lished principles which the legal profession must sooner or later acknowledge as scientific truths. This question of responsibility, as viewed by medicine and law is, as Judge Somerville, President of the New York Medico-Legal Society, says, "the same old fight of science against the crystallized prejudices of error and ignorance."

The law, on the other side, claiming culpability when knowledge of right and wrong exists; medicine, on the other, holding there is no criminal act when the individual cannot choose between right and wrong because of the destruction of the power of self-control. The medical test is based on the presence of disease and its abnormal results on conduct; the legal test is metaphysical and theoretical. Medical diagnosis is based on pathology and experience; the legal ignores any physical condition which does not affect the moral attributes. The law cares nothing for impulse, loss of will power or sudden change of character and conduct without motives or from childish incentives. Medicine tests scientifically by taking in the whole man; it gives a study of the individual, a comparison of his mental condition when the crime was committed, with himself at periods remote and subsequent. By so doing we permit of the only rational method of determining sanity from insanity. "We supplant tradition and fiat of statutes by the facts of clinical medicine from which we draw just conclusions." We at once recognize the importance of a study of mental diseases in order to thoroughly and adequately determine responsibility.

A physician is, by right, the proper person to conduct an examination to determine the unsoundness of mind. The familiarity with mental diseases accorded him in our State by the law, requires him to acquaint himself with these diseases in order to sustain this position. That he does not do this we are painfully aware, and because of this inattention, either through ignorance or indifference, the medical profession has been made to suffer ridicule and opprobrium from lawyers, judges and the press. So far has this gone, that it has been said that any ordinary man is able to detect any form of insanity as well as a physician.

We, in the description of general paralysis, have shown the difficulty attending the diagnosis of this form of insanity and have

insisted upon prolonged observation in order that no mistake may be made. The same will apply to all forms of insanity, especially so in cases involving criminal responsibility, and we reiterate that, for the sake of justice in cases presenting the plea of insanity, where doubt exists as to insanity, observations of the case be made, and preferably by temporary commitment to an insane hospital, where the experienced superintendent and other medical officers may scientifically examine the case. The want of such methodical observation has no doubt caused many innocent to suffer and many guilty to escape. Such an examination impartially pursued will render great assistance to the courts and aid in the establishment of medical expertism upon a firm and scientific basis.

### 3. RESPONSIBILITY IN ITS BEARING UPON GENERAL PARALYSIS.

I am sure there are many unfortunates serving sentence to-day for crimes committed, who should be treated as sick patients and given the attention they deserve. An analysis of their crimes will show that a diseased mind prompted the act and a disorganized will power permitted its commission. The crimes, if they should so be called, of a general paralytic differ from those of the normal or criminal insane. Bevan Lewis says regarding the crimes of a general paralytic as compared to the moral insane: "In the latter the crimes indicate impulsive and uncontrollable states as the result of a lowered or defective moral sense; the normal inhibitory control is wanting and instinctive impulses rise in full activity. It is not so with the acts of a general paralytic; they are neither premeditated nor impulsive, but casual, often appearing to be unconsciously performed; even if the act appear determinate its nature and consequences are wholly obscure to the agent's mind."

And here the essential nature of these acts on the part of each subject becomes apparent; the high degree of representativeness essential for the recall of similar actions previously performed and the vivid realization of the consequences of such action in the past, is here wholly wantingless; and still less is that re-representative faculty intact, which enables him to contrast the act as viewed in its nature with certain ethical canons. The

moral lapse is therefore truly significant of a clouded intellect, an act of theft may be committed with open effrontery, no attempt at concealment being made; the most wanton outrage on public decency, the most audacious libertinism, may be committed quite oblivious to being a breach of public morals. Hughes, in his letter, says: "I would suspect and recommend surveillance for a very active business man of from 36 to 45 years of age who might be found acting in a manner different from that which, up to that time was natural to him in business or social affairs, especially if his conduct was such as might be attributed to a man under the exhilaration of drink, when it could be clearly shown that the man did not indulge in alcoholic drink at all. I am convinced that a good deal of unrecognized and irreparable harm has been done to the interests of paralytics and the welfare of the families by rash procedures on the part of the former, which were unnatural to them in their thoroughly sane condition by acts (business or otherwise) committed in the hyperæmic preataxic stages of this disease."

Folsom, in a recent letter to me, says, regarding the conviction and imprisonment of general paralytics:

"I do not see how it is consistent with a reasonable sense of justice to convict a general paralytic in any stage of his disease, no matter how early, and when a man of previous good character commits a crime it seems to me that he should be placed in an insane asylum for observation, if there is any doubt as to his responsibility. I have no doubt that in the near future all of our states will have laws, as some of them now have, empowering judges to send people to insane asylums for observation in case of doubt of their sanity, and that judges will more frequently use this power."

In our State we have no such provision; in fact, our lunacy law is a failure, both to the practical commitment of the insane and the protection of their best interests. The *mittimus* on which an insane person who has committed a criminal act is admitted into the insane hospitals of this State is equal to a life sentence in cases of general paralysis. It instructs the superintendent of an insane hospital "to take the body of said defendant (the hopeless paralytic) and confine him in said hospital

until he has fully and permanently recovered from his insanity,"—which is when he dies. The general paralytic is not justly committed to a hospital on such a legal paper, because, *first*, he is a sick man; *second*, he is not responsible for any criminal act whatever, and, *third*, it is oftentimes to his advantage and a pleasure to his friends to have temporary absence from the hospital, and in case of impending death, to satisfy the desire of his family or friends, it may be best to remove him to his home, which cannot be done when committed on a *mittimus*.

My conclusions are, after carefully studying the medico-legal bearings of responsibility in the early stages of general paralysis:

I. General paralysis is a plea for irresponsibility.

II. No judge is warranted in committing a general paralytic to the penitentiary.

III. It is not judicious or right to commit general paralytics to insane hospitals on a *mittimus*.

IV. When in doubt as to the existence of general paralysis it is the duty of the judge or jury to forego sentence and commit the individual to an insane hospital for observation, at least long enough to determine the existence or non-existence of general paralysis.

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Collector—Mr. Trager, will you subscribe toward the decoration of the soldiers' graves? Mr. Trager—No, sir! The men whose graves I want to decorate ain't dead yet.

Poor, Dear Man!—Mrs. Grogan—An'st 't the 'roomatics thot's aillin' Hogan? Mrs. Hogan—No. He shpraint his back lasht ivenin' tryin' t' t'row me out th' windy; poor, dear man!



## CLINICAL LECTURES.

## INFLAMMATION; PUS; POSITIVELY AND NEGATIVELY CHEMO-LACTIC SUBSTANCES.

HENRY W. CATTELL, A. M., M. D.\*

Inflammation is a composite pathological process, and is the most important process with which we have to deal in the whole subject of gross morbid anatomy. There is hardly a process which starts or ends a pathological change that has not inflammation as a factor at some time or other in its course. A clear conception of this subject of inflammation, added to a full knowledge of the anatomy of the part, together with a good understanding of such conditions as infiltration and degeneration will lead you to comprehend most clearly all special pathological changes.

Changes due to irritation of the connective tissue, is a brief but unsatisfactory definition of inflammation. The usual definition is a much longer one, and is either a resumé of the process or a description of the clinical symptoms. According to Ashurst, you must consider clinically the causes, symptoms, course, termination, treatment, and pathologically, the phenomena of function, nutrition, formation and destruction.

We have first in inflammation an increased action, though this may last but for a very short time. We may have for example, an increased function in the part, which is able to accomplish more than it did before. Now, this increased functional activity may only last for a short time, say half an-hour, or even shorter. Then we shall have a lowering of function, and in case the process is continued we may have a total abolition of function. This is also true in regard to nutrition. Then as to the destruction: here we have two terminations, one sloughing or gangrene, the other ulceration. In the first form, sloughing or gangrene, we have the macroscopical appearances; in the second, ulceration—a molecular removal of the microscopical.

The sources of inflammation are twofold: first, diseased or dead cells; and second, micro-organisms. In the first case a cell, from some cause or other, dies within the body and as a result it becomes

an irritant and we may have all the signs of inflammation set up. The second condition is that which is due to micro-organisms, and is the one which is now being chiefly studied. In fact, it is difficult to conceive of an inflammation which has never been affected by micro-organisms. Therefore, the usual cause is considered a combination of the dead cells and the micro-organisms.

This constitutes the clinical form, which is described in works on surgery, and which is the variety that you will be called upon to treat.

As to clinical features of inflammation, pain, swelling, heat and redness—the pain is due to the fact that the exudate presses upon the terminal ends of the peripheral sensory nerves; the redness is due to the increased blood supply to a part, with a diapedesis of the red blood corpuscles; the swelling occurs because there is more fluid in the part, containing leucocytes, micro-organisms and their products, connective tissue cells, etc. The cause of the heat is a debated question; it is uncertain whether it is due to the fact that the arterial blood is there in larger quantity, or whether there is an increased chemical and mechanical change taking place in the part, or whether we have increased heat dissipation. There have been thousands of experiments made to ascertain the cause of this, but these experiments seem frequently to contradict each other. Where there are so many theories one may be quite sure that a combination best explains the fact.

We have in inflammation a substance known as pus. This has been described in the older surgeries by various names which it is necessary for you to understand. The old idea of a laudable pus is that pus which is of a greenish hue, with not a bad odor, and which occurs in those cases which are apt to recover. Therefore, it is a healthy pus. Sanious pus is that form in which blood and pus are mixed in varying proportions, from the slightest tinge to that in which it is mostly blood. Then we have the ichorous pus—which is

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thin and acrid. We have also the mucus and the sero-pus in which we have mucous or serum mixed with the pus.

Now, what is pus? Chemically, pus may be described as an albuminous fluid of a specific gravity varying from 1021 to 1042, containing the peculiar constituents of the tissue, whether they be cells, salts or organic substances with a mixture of leucocytes, micro-organisms and certain chemical bi-products, such as peptones, proteid compounds and leucin. If you open an acute abscess and examine under the microscope the pus, magnified about 450 times, you will find a great number of leucocytes, and these leucocytes will be practically of one size. There will be a very few cells larger than the leucocytes, which are connective tissue cells. If you will examine closely you will find that these leucocytes possess amoeboid movement. You will sometimes be able, especially on a warm day, to examine them very easily. If acetic acid be added to the pus, we shall have a clearing up of the protoplasm and the appearance of a number of nuclei, showing that at some time or other in the life history of the cell there had been an attempt at multiplication. When the pus is first being produced we have a number of micro-organisms present; but after a time the micro-organisms become rarer and you should not be disappointed in opening a large abscess if you are not able to find any micro-organisms at all. You expect to find it loaded with various micro-organisms. But the micro-organisms have died, have undergone some form of necrosis and have been carried off. This is well illustrated in tuberculosis. You might not find the tubercle bacilli in the cheesy glands of the neck, even though you should stain for them most carefully. How will you therefore demonstrate their presence? By taking some of the cheesy material and injecting it into a guinea pig—an animal which is especially susceptible to inoculation by tubercular material—and allow the bacillus to develop tuberculosis in the animal.

What micro-organisms are most frequent in the formation of pus? Many have been described. The list is a very long one and is steadily increasing. The way to remember them is simply to note that the names of such micro-organisms usually have the prefix *pyo*, which means

pus; frequently *pyogenes*—pus-producing. They are also described in accordance with their color, *citreus*, *albus*, *aureus*, etc.; and by their shape *streptococcus*, cocci in chains; *staphylococcus*, cocci in bunches like grapes, etc. But not all micro-organisms that are thus capable of producing pus have the prefix *pyo*. The bacilli of glanders and tuberculosis are cases in point.

The cholera bacillus does not produce pus. This is important, as the anti-vaccine of Haffkine is capable of being introduced into man without fear of producing an abscess; only an indurated nodule is sometimes left at the seat of inoculation.

What are leucocytes for? This is a question that has been specially studied of late. When a micro-organism gains access to a part, has it the property of attacking the leucocytes, or have the leucocytes the power of attacking the micro-organisms? Do we know that the micro-organism has the property of eating up the leucocyte which has become granular or has undergone fatty degeneration? It is no uncommon thing to see five, six or seven micro-organisms inside of a pus cell. Now, did the pus cell swallow up the micro-organism, or did the micro-organism go into the pus cell in order that it might have food? That is the question. However that may be, the fact is, that when the leucocyte attacks the micro-organism (or the micro-organism attacks the leucocyte) we have certain poisonous products, which are in themselves capable of destroying the micro-organism which produced them. This is an important point. You know that in fermentation if the alcohol reaches twenty-five per cent. the fermentation ceases. So it is here. If the micro-organism has had an opportunity to grow, it produces a poison which is destructive to producer. Pathologists are now endeavoring to isolate such chemical substances from the micro-organisms with intent to confer immunity to disease by inoculation.

For a scald or burn there is nothing superior to wet bicarbonate of soda applied to the part.

According to Dr. Miles there is an abortive form of typhoid fever. These attacks usually last from nine to twelve days.

## COMMUNICATIONS.

## THE CURETTE IN OBSTETRIC AND GYNECOLOGICAL PRACTICE.

JNO. G. CECIL, M. D., LOUISVILLE, KY.

The curette, like many other surgical instruments, has experienced seasons of favor and disfavor. At no time, however, as at the present, has its usefulness been so fully recognized. So much have the dangers attending the use of the instrument been magnified, that unquestionably there yet lingers in the minds of many, strong prejudices against it.

Many, in fact most of the objections that justly obtained before the application of aseptic precautions, are now no longer tenable. It can never be maintained that the use of the curette is entirely devoid of danger, but hedged about with all the modern methods of preventing septic infection, it may be stoutly claimed that the danger is reduced to a minimum in any case of whatever kind, where its use is called for. So, in any case, where the indications are plain, the most cautious and timid need scarcely hesitate in its application. It is hardly necessary to add that the use of this instrument, in the hands of a bungler, or careless manipulator, is capable of doing incalculable harm, despite aseptic precautions let them be ever so thoroughly instituted.

The good results that may be had are so manifold and great, and so far outweigh the dangers, that to enter a plea for a place for it in the armamentarium of the obstetrician or gynecologist, would be a work of supererogation.

When I say curette I do not confine my meaning to those bent wire affairs which have all along been regarded as harmless, and we might safely add, almost useless, at least in gynecological practice, but to the modern improved instruments with cutting edges.

The indications for the use of a dull or a sharp curette, depend upon the exigencies of each case, and must be left largely to the judgment of the operator. There is no doubt that much of the disfavor the curette has fallen into is due to the use of a dull instrument, where a sharp one was demanded.

Before referring to the special indications for the use of the curette, and this part of my subject alone would lengthen

this paper beyond its intended limits, a brief consideration of the preparations and methods necessary to its proper and safe use, will not be inappropriate.

To begin with, curettage should be dignified by the name of an operation and the antecedent preparations should be just as jealously carried out as those, for instance, for an abdominal section. Many untoward results have followed because the operator deemed it only necessary to place the patient in position, introduce an instrument, itself probably not clean, and scrape away some foreign body, or adventitious growth.

Concerning the technique of curettage, I cannot do better than follow the suggestions of that most zealous advocate of the procedure, S. Pozzi, in his recent superb work on gynecology. The patient should have a full bath the evening or the morning of the operation. The rectum emptied by enema, the bladder by catheter, the external genitals thoroughly washed with soap and water, and afterward with a strong antiseptic solution; vaginal injections of sublimate solution 1 to 2000 should be enjoined twice daily for several days prior to the operation. On the day of the operation three injections are to be given, the first two at intervals of an hour, the third at the very moment of the operation. It must be borne in mind that if bichloride of mercury is used for douchings, that gynecological patients will safely stand stronger solutions than obstetric cases. Should the cavity of the uterus need powerful disinfection, (as in certain cases of gangrenous fibromata, intrauterine cancer with putrid fungosities, etc.) it is advisable to extend the douchings into the cavity. There may exist a demand for continuous irrigation, if so it is readily applied by means of the irrigating curettes or other devices. Though pain in many cases is not great, yet for the sake of thoroughness and control of the patient, an anæsthetic is demanded.

The operation may be satisfactorily done in either the dorsal or lateral decubitus. The vaginal walls are separated and held apart by retractors or a suitable speculum



in the hands of assistants. The first step of the operation is to fix the uterus with tenacula or Museux forceps. The cervical canal must be sufficiently dilated to permit the easy passage of the curette. This is safely and quickly accomplished by the graduated or the steel dilators. The choice of the curette is, as has already been hinted at, not a matter of indifference. In general terms it may be said that dull instruments are most suitable and safest for obstetric cases, while the sharp or cutting instruments are most serviceable in gynecological cases. The scraping of the cavity of the womb should be done in a systematic manner. Beginning at a certain point, say the posterior wall, every part of the surface should be carefully gone over until the starting point has been reached. During the progress of the scraping, if it is necessary from time to time to remove the detritus, this can be done by the spoon-shaped instruments, or by the irrigating tube. If it is desired the field of operation can be entirely submerged throughout the operation by an antiseptic solution, by simply elevating the hips of the patient and filling the vagina with the fluid. When satisfied that every part of the cavity has been curetted, it should be thoroughly irrigated with a hot antiseptic solution, this followed by application of some mild caustic or packed with a strip of iodoform gauze. The patient should be kept in bed for three or four days at least, even in the simplest cases. Though to emphasize the safety of this operation under antiseptic management, I have seen surprisingly good results follow the use of the curette in gynecological cases, with no bad effects whatever, that were operated upon in the University outdoor clinic, that were allowed to go some distance to their homes, and where it is certain injunctions to remain in bed were not followed. It has been extremely gratifying both to Prof. Anderson, with whom I have been associated, and myself, that not one unfortunate complication has followed this method of treatment, in the many cases that have been subjected to it, even with the rather incomplete antiseptic possibilities of an outdoor clinic. But, even with so good a record to substantiate the foregoing, similar risks are not advised, only mentioned to demonstrate the possibilities of this treatment.

The special indications are so numerous

that even brief mention of them in this connection, will not be permissible. In obstetric practice, there are two conditions that demand a curette, and demonstrate its usefulness most plainly; they are persistent hemorrhage, due to retained secundines or fungous degenerations of the endometrium after labor or abortion; and the septic conditions of the puerperal patient. It is in this class of cases that the dulled curette finds its greatest field of usefulness, and yields the most brilliant and satisfactory results. Particularly in those annoying hemorrhages that follow incomplete abortions, does the curette answer the demand. Instead of temporizing with ergot, hot douches, or other hemostatics, the curette is the certain, safe, and rapid substitute. Much time and annoyance is saved, and the subsequent progress of the case is most gratifying. In the management of septic conditions that follow labor, either premature or at full term, I am disposed to claim for the curette an important place. Any one who has made even a macroscopical post-mortem observation of the endometrium of a case of puerperal septicemia can see at a glance the indication for the curette. Here is a cavity, the lining membrane of which is a decomposing mass. The most important part of the management of such a case is to cleanse this cavity and afterward keep it clean. I do not advocate inconsiderate invasion of the puerperal womb, on the contrary, unless the indications are plain, am much opposed to it. I am satisfied that many cases, especially in private practice, are lost, because we are either too slow, or else lack courage to apply remedial measures that give us the best, and often, the only hope. I refer especially to the intra-uterine douches and the curette, and it should have a fair trial, even to the extent of continuous irrigation. If the continuous irrigation fails, recourse to the curette is the *dernier resort*. The curetting will not reach poison that has already been taken up by the lymphatics or blood-vessels, but it will limit the further production of it. With the curette the sloughing surface is bodily removed, and with it the focus of infection; in fact, we are treating this as we do any sloughing surface in surgical cases. It will be seen at a glance that this procedure should not be deferred too long, if we would reap the

benefit. Many cases, apparently hopeless, may be saved by this active and radical measure.

The limits proposed for this paper will forbid extended account of the application of the curette to many of the particular cases of gynecological character, or to detailed description other than what has previously been mentioned, of the method of using it.

In those obstinate cases of so-called "uterine or cervical catarrh" that become such an annoyance to the busy practitioner—and such a godsend to the poor but aspiring young gynecologist—because they are not inclined to get well, of all the curative procedures that are lauded by their respective authors, none promise so well as a vigorous attack with a sharp curette. My own experience with the curette in this class of cases has been uniformly satisfactory. The cutting must be deep enough to remove the diseased follicles to their entire depth, and when this is done, certain relief will seldom fail.

Painful and intractable cases of membranous dysmenorrhœa can be most effectively treated and cured by judicious use of the sharp curette. The operation should be performed just prior to menstruation.

The small sized sub-mucous fibroid tumors that cause excessive and dangerous hemorrhage, can be brought under the benign influence of the curette with signal advantage. The hemorrhage in these cases is not so much from the tumor as from the uterine mucosa, which is kept in a constant state of congestion and irritation by the presence of the fibroid.

Much can be said of the value of the curette in the management of cases of uterine cancer that are beyond the reach of the more radical operations. The unfortunate patient can be made more comfortable to herself, her friends, and attendants; the rapid progress of the destructive process may be in a measure stayed; septic infection can, for a time, at least, be warded off, and alarming hemorrhages can sometimes be anticipated and put under more perfect control. The scrapings of the curette can be utilized for diagnostic purposes when cancers are suspected in the body or fundus of the womb.

Enough has been said to fully demonstrate the usefulness of this instrument in

the gynecological field. While much may be said of the indications for the curette, much has also been said as to the contra-indications, perhaps too much. Many modern authorities seem disposed to ignore such contra-indications as have become classic, namely, acute inflammation in and about the uterus and its appendages, and, also, chronic inflammations in the same regions that have left the womb fixed by many adhesions, and which seem disposed to rekindle upon slight provocation.

I cannot yet bring myself to the point of advocating the bold use of this instrument in the presence of such conditions, when the results may be so dire and regrettable.

#### The Remedial Use of Apples.

Chemically the apple is composed of vegetable fibra, albumen, sugar, gum chlorophyl, malic acid, gallic acid, lime and much water. Furthermore the German analysts say that the apple contains a larger percentage of phosphorus than any other fruit or vegetable. The phosphorus is admirably adapted for renewing the essential nervous matter, lecithin of the brain, and spinal cord. It is, perhaps, for the same reason, rudely understood that old Scandinavian traditions represent the apple as the food of the gods, who when they felt themselves to be growing feeble and infirm, resorted to this fruit renewing their powers of mind and body. Also, the acids of the apple are of signal use for men of sedentary habits, whose livers are sluggish in action, those acids serving to eliminate from the body noxious matters, which, if retained would make the brain heavy and dull, or bring about jaundice or skin eruptions and other allied troubles.

Some such an experience must have led to our custom of taking apple sauce with roast pork, rich goose, and like dishes. The malic acid of ripe apples, either raw or cooked, will neutralize any excess of chalky matter engendered by eating too much meat. It is also the fact that such rich fruits as the apple, the pear and the plum, when taken ripe and without sugar, diminish acidity in the stomach, rather than provoke it. Their vegetable sauces and juices are converted into alkaline carbonates, which tend to counteract acidity.

—*N. Amer. Prac.*

## SOCIETY REPORTS.

## THE SURGICAL SOCIETY OF LOUISVILLE.

*Stated Meeting of October 10, 1892.*

Dr. Jno. G. Cecil, Vice President, in the chair.

## FRACTURE OF THE PATELLA.

DR. W. C. DUGAN: I simply present this patient to show the result of an operation for fracture of the patella. It is a little early yet to tell definitely what the result is going to be, but there seems to be a good bony union, and I believe he will have perfect motion in the joint. Eighteen weeks ago a wagon ran into this man and mashed his patella. I saw him a short time afterward and the fragments were separated at least three and one-half inches; it was a transverse fracture, with two or three fragments broken entirely out. The operation was done one week afterward, the fragment united by silkworm gut. You will observe two or three fistulas still open.

One word concerning the anatomy of the muscles of the patella. It is usually stated in our books that the quadratus extensor, or the triceps extensor, is inserted into the patella. This is clearly a mistake. By careful dissection the muscles can be removed leaving the patella attached to the ligaments and serous capsule of the joint showing that the muscles are not in reality attached. In the case above reported there was great distension of the joint at time of operation, and he had much pain from this distension. He has suffered little or no pain since being operated upon. I went to see this case without my bone drill, and holes were made in the bone with a pair of barber's scissors. He has not had an untoward symptom, and I believe will make an uneventful recovery. I am decidedly in favor of the open method of treating these cases, when there is much separation. If the fragments are in good position, that is when the muscular aponeurosis is not torn, I do not consider it advisable.

## DISCUSSION.

Dr. A. M. VANCE: I have never performed the operation of suturing the patella, but have assisted in several operations of the kind. I doubt very much if a bony union can be obtained in fracture of

the patella without the operation advocated by Dr. Dugan; still, I must say that very firm and unyielding union can be obtained by proper mechanical means, if treatment is continued a sufficient length of time. I have several cases where a functionally perfect limb resulted; in fact, have never failed to get a very useful limb after this injury.

## REMOVAL OF APPENDIX, DEATH FROM URÆMIA.

DR. JAS. CHENOWETH: I have a specimen that I would like to show: It is an appendix vermiformis removed two weeks ago last Friday, from a man thirty-one years of age, a farmer, who had always been in good health, and a strong, athletic looking subject. I saw him about a year and a-half ago with a slight attack of catarrhal appendicitis, little or no fever and not much pain. He stated to me then that he had two similar attacks two or three years before; he recovered from this attack and I heard nothing more of him until two weeks ago last Friday. That morning he came to town from the country, feeling a little sick; did not eat any breakfast; suffering some pain in the right side. I saw him two hours afterward; he had gotten very much worse; suffering intense pain; cold, clammy perspiration; suffering a great deal from shock; pulse 60 when normal, was then 82; temperature 99.5° F.; abdomen slightly tympanitic even at that time. I thought he probably had perforation of the appendix, or it was on the verge of perforation, and had him sent to the Infirmary, advising immediate operation. Two hours after reaching the Infirmary pulse was 106, temperature 101° F., and still suffering intense pain; abdomen more distended; very tender, could hardly touch him at all on the right side. I operated upon him at two o'clock, seven hours after the attack came on. I found the intestines greatly distended and very much reddened, showing evidences of peritonitis. The colon protruded as soon as the abdomen was opened; by following the colon down, without much difficulty I found the appendix low down in the pelvis, slightly at-



tached to the wall, not very firm and easily detached; it was brought up and found to be about the size of a finger, and three or four inches long. It had to be handled carefully to prevent rupture; it had not perforated but was very much distended, and evidently on the verge of perforation. The appendix when removed contained two small fecal concretions. The patient was on the table about twelve minutes; pulse at the time about 60. He was very much nauseated, and vomited severely after the operation; no action of the bowels, and still considerable distension. By repeated enemata his bowels were started, the nausea subsided, and he seemed to be doing very well. The first night after operation temperature was  $102^{\circ}$  F. but as soon as his bowels commenced to act, temperature went down to normal, running from  $98.5^{\circ}$  to  $99^{\circ}$  F. The stitches were removed on the eighth day and union had taken place. On the ninth day there was a little discharge from the lower stitch, where some fluid collected between the peritoneum and muscles; temperature on the tenth day went up to  $101^{\circ}$  F.; I made an examination and found a little discharge collected through the night; there was no inflammation of the skin and no tenderness in the right side; never had any pain after the operation. I opened the lower part of the wound and found a little cavity filled with fluid; the peritoneum had united perfectly, leaving no tenderness and no induration. On the morning of the fourteenth day temperature (which had gone down after cleaning out this little accumulation to  $99^{\circ}$  F.,) went up to  $101^{\circ}$  F.; he seemed rather restless and nervous, but talked in a perfectly rational manner and felt quite well. About two hours afterward I had a telephone message to come to the Infirmary as the man was unconscious. I went out immediately, found the patient in a comatose condition, gave him a hypodermatic injection of whiskey; pulse about 150. He never fully gained consciousness and died about 8.30 that night. He had been passing water in the natural way, and there was no occasion for using the catheter, but on my last visit to the Infirmary I introduced the catheter, and drew off some urine, found it loaded with albumen, death being due evidently to uræmia.

## DISCUSSION.

DR. E. R. PALMER: Did you make a post-mortem, and were the kidneys ever examined?

DR. JAS. CHENOWETH: No post-mortem was made, and the kidneys were not examined.

DR. W. C. DUGAN: Do you think the nephritis was caused by the anæsthetic? I have seen several cases of suppression following operation, but they came on within the first twenty-four hours, and every one after chloroform anæsthesia.

DR. JAS. CHENOWETH: I believe the man had nephritis before the operation. He became very much cyanosed when taking chloroform. While he had never been sick much, I believe that the nausea was caused by some trouble with the kidneys. I never saw a wound do better, and the abdomen was perfectly flat on the first day after the operation.

DR. E. R. PALMER: My idea of the case is that death was caused by kidney lesions, such conditions any man who examines much for life insurance will often recognize. It is very common to find bad kidneys in young men, and I believe in this case a defective kidney was the cause of death. Of course the exciting cause was the operation, and the consequent shock.

DR. A. M. VANCE: I saw this patient in the emergency, and recognized the probable nature of the coma and was very much interested in the case. It occurs to me that probably this man may have had septic nephritis—that there may have been a septic inflammatory condition of the kidney. I think it would have been very interesting to have held a post-mortem on this case to determine whether it was ordinary nephritis, or septic nephritis. This small accumulation of pus might have been sufficient, though he did not show marked evidence of sepsis generally. It is certainly a very interesting case, and one that proves to us the rightful procedure, of always making a very thorough examination of the renal secretions whenever possible.

DR. E. R. PALMER: Of course I am particularly interested in cases of renal lesions as a factor in fatal results, and those of us who are working strictly in that direction know how important it is to have a very careful analysis made of the urine, not simply a chemical albumen test, but a very careful examination of the sedi-

ment to try and determine if there be any renal trouble, and the nature and extent of it. But the point I want to make, and I have thought of it often, is that in this age of rapid advances of a more purely scientific nature in surgical work, that we do not insist enough upon post-mortem examinations. I do not see why every city should not have one or two men who are known as "Post-Mortem Experts." I have seen a number of post-mortems where there was extensive degeneration of the liver, for instance, in which there was not a suspicion of liver complication during life, and consequently no treatment instituted for that organ. I believe in the case reported by Dr. Chenoweth, if a post-mortem had been held it would have been found that the man had serious renal trouble which probably existed prior to the operation for appendicitis.

DR. W. C. DUGAN: I had the pleasure of seeing this case on the fifth day after operation with Dr. Chenoweth, and the patient was then suffering from nausea, otherwise he seemed to be doing very well; pulse about 78, and did not indicate sepsis. I am sure the patient died of uræmic coma as stated by Dr. Chenoweth. The question of coma after operation is one of great interest, especially as I have lost two patients recently from this cause, but the coma in both instance came on immediately. Post-mortem revealed disease of the kidney in both cases and neither of the patients had any urine after the operation.

I am sorry that Dr. Chenoweth's patient died, as it will go down as a fatal case of appendicitis, when the operation for this trouble was a complete success, the patient eventually dying from another cause.

DR. J. M. MATHEWS: I think the Doctor should be commended for the diagnosis he made. I have no doubt that in the country districts, and perhaps sometimes in the city, patients have been allowed to die with appendicitis—so-called biliary colic, passage of gall-stone, etc.—without operation, when they might have been saved by surgical interference. In regard to the contents of the appendix in these cases, there is a popular impression existing, not only among the laity, but the profession, that it contains grape seed and other foreign bodies. Now, it always occurred to me that in the majority of cases the contents will be found to be fecal

concretions. I notice Dr. Chenoweth in his report stated he found a fecal concretion.

DR. W. C. DUGAN: In this connection, I remember looking up the subject some time ago, and out of 252 cases of appendicitis reported by several pathologists, there were irritating bodies found in the appendix in 112; and out of this number there were ninety-nine which contained fecal concretions or enteroliths, and in thirteen there were found various kinds of fruit seed or some other foreign body. In the majority of cases I am quite sure there is no foreign body. The hobby of grape seed, blackberry seeds, etc., is entirely a mistaken idea, in my judgment.

DR. JAS. CHENOWETH: As to the cause of the trouble in this case, I think if you will examine the specimen you will find the opening into the bowel was very small, and probably the attacks he had before were simply produced by the appendix becoming distended by fecal matter. The concretions were not very hard. I think the irritation was caused by the distension, and then threatened gangrene from the pressure. As for the uræmic coma, I believe as I look back on the case that the man undoubtedly had disease of the kidneys prior to the attack of appendicitis for which the operation was performed, and believe that the kidneys were responsible for the way he acted under chloroform; he was very much cyanosed and nauseated, more than could be accounted for in any other way, at the time, and after the operation. He had no septic symptoms at all as far as the wound was concerned; there was simply a small collection of fluid at the bottom of the wound between the peritoneum and muscles.

DR. JNO. G. CECIL presented a paper, "The Curette in Obstetric and Gynecological Practice." (See page 50).

#### DISCUSSION.

DR. E. R. PALMER: I think Dr. Cecil's paper is one of the best that has ever been read before this society. I have a number of cases of gonorrhœal endo-cervicitis and metritis constantly under treatment, and in the management of these cases I have been doing a good deal of rough cur-etting, but with a dull instrument. I have had no trouble in passing the curette to the fundus and following the doctor's suggestion of beginning at a certain point

and returning to that point, curetting the entire interior of the uterus, removing a considerable quantity of muco-purulent material; there has usually been considerable bleeding following the operation. The last patient I operated upon was to have returned to-day; whether there has been a continuous hemorrhage or not, I am not informed. I am certain, however, if there had been any further trouble I would have heard of it. I am very favorably impressed with the idea of free curetting. I have frequently irrigated the uterine cavity with 1 to 500 bichloride of mercury solution. If there exists an obstructed or diseased tube, then I carry my syringe up into the uterus directing the point toward that tube, and throw a stream of 1 to 500 bichloride solution, hoping it will go into the tube rather than with the fear that it may go into it. There is no question but that a great deal of this solution is left in the uterine cavity afterwards. I rather hope that some may be left there. I must say that in my experience, extending over more than twenty-five years, I have never seen any bad results further than an occasional sharp pain for a half hour or so, follow a free washing of the interior of the uterus. Of course my attention to the uterus now is confined almost entirely to that organ when it is probably the seat of venereal lesions. I shall certainly provide myself with a sharp curette and use it hereafter in these cases in preference to the dull instrument I have heretofore used.

DR. F. C. SIMPSON: Just in this connection, I want to say that in the last week I have had occasion to curette the uterus of a woman who had aborted, followed by continuous flooding. I went over the whole cavity with a dull curette, removing quite a quantity of fungus material. She returned to-day and reported that the hemorrhage had entirely ceased. I examined her with a speculum and found a healthy condition. There was some little granulation around the opening in the cervix, but she had been relieved of that uncomfortable, heavy feeling, and bearing-down sensation. I simply mention this case to corroborate what has been said concerning the use of the curette.

DR. J. G. OECIL: I have very little to say in closing. In dilatation of the cervical canal I have never used tents at all.

I can frequently accomplish dilatation in a very little time to such extent as to admit of the free and easy use of the curette without anæsthesia, using a Goodell dilator. I simply dilate the cervical canal sufficiently to enable me to freely use the instrument, no further. I am very sorry that the limits of my paper would not admit of a detailed report of a number of cases both in obstetric and gynecological practice. I am more particularly interested in the use of the curette in gynecological than in obstetrical cases, and while this is a Surgical Society, still the question of its use in obstetrical cases demands some attention. I should have been very glad to have heard a discussion upon the use of the curette in obstetrical cases. While the cases I have referred to as being followed by uniformly good results in the University outdoor clinic, many of which have been put in a carriage and driven two, three and four miles, those results were obtained in gynecological cases, but I have had equally as satisfactory results in obstetric cases; and this was the point I wished particularly to hear discussed. I think the fear in regard to the use of the curette has been much magnified in the minds of many obstetricians.

Concerning infection of the puerperal womb: I have in mind now the case of a young woman who miscarried at three or four months, and had evidences of septic infection, so much so, that her attending physician became very uneasy. I put this patient upon the bed and without anæsthesia irrigated the womb thoroughly, and with a dull curette scraped away everything from the cavity, and had the satisfaction of seeing the woman make a perfect recovery without any further infection. I have recently been very favorably impressed by an article, by Pryor, of New York, on this subject. He takes the position (and I perfectly agree with him) that we ought not to allow patients to die of septic infection of the womb without giving them the opportunity of the advantage and benefit to be derived from the curette, at least the possible chance of preventing the spread of infection and limiting that which has already been observed. I think before many years have elapsed the curette will be used in common practice.

#### PATHOLOGICAL SPECIMENS.

DR. W. L. RODMAN: The patient from whom this specimen (Testicle) was re-



moved gave the following history: He was an exceedingly robust, vigorous young man, about twenty-four years of age, sent to me by a medical friend; I saw him for the first time about ten days ago. He had a hernia on the right side, which he tells me was cured by a truss, and had been cured for five or six years. He had a retained testicle on the left side. The testicle, which was small in size and soft in feel, was found located just in the external abdominal ring. It was not possible to pull the testicles down into the scrotum, on account of the shortness of the cord. Owing to its very soft consistency, and the probable functional inactivity, I advised immediate removal. The patient consented conditionally, saying that, of course, he would like to have it removed, provided there was no chance of saving it. I told him that when we cut down upon the testicle if we found it in a healthy condition, an effort would be made to preserve it by transferring it to the scrotum, I operated upon it and after cutting down around the organ, found it very small and even softer than I suspected, and that it had undergone cystic degeneration. The testicle was immediately removed, transfixing the cord and tying each way. I am inclined to the opinion that all retained testicles, even in the inguinal canal, or outside of the external ring, should be removed. When retained in this situation they are usually small and imperfectly developed organs, without function and there is a decided tendency to undergo sarcomatous change.

#### DISCUSSION.

DR. A. M. VANCE: I have seen a great many cases of this character, and believe in the majority of them the testicles are practically useless.

DR. E. R. PALMER: I believe that all testicles retained anywhere in the canal, are not only useless, but are dangerous; in the abdominal cavity they may be active and useful. I have already reported one case of a bridge builder who came to me for treatment for another trouble, having incarcerated testicles in the groins. He called my attention to this condition and asked me if I thought he could get married. I told him that I believed he was sterile, but to bring me a sample of his semen and I would make an examination of it. This was done and I found the

semen utterly devoid of spermatozoa. He did marry but his wife never conceived. I have never seen a case of malignant degeneration of the testicles from being retained and have seen a great many monorchids and cryptorchids.

DR. A. M. VANCE: I have treated a great many cases for replacement of the testicles, and have often succeeded. I have a case under treatment now where a surgeon in town had applied a truss over the testicle with the idea of pressing it back into the belly. A number of times have I taken trusses off from retained testicles being treated for hernia. In the case above referred to in which there had been an effort made to force the testicle back into the abdominal cavity, I have succeeded in getting it down in a month or six weeks into the top of the scrotum by the application of a truss over it and careful manipulation. I believe in the majority of infantile cases, where the testicle is out of the canal at all, or even approaching the external ring, it can be replaced into the scrotum by a little patience on the part of the mother.

DR. W. C. DUGAN: I believe that Dr. Rodman did exactly right in removing the testicle, as, when retained in the canal they are very prone to undergo malignant degeneration. The question I want to bring up is this, and, as I have stated before,—when these cases come under our observation early in children, if everything else has been tried, and the testicle remains in the canal, and we cannot get it down, and the mother and father are very anxious to save the testicle,—inasmuch as we know that when these testicles are in the cavity of the pelvis, they are normal and serviceable, and a testicle in the canal is subjected to pressure and liable to undergo malignant or inflammatory degeneration, that these testicles should be put back into the pelvis. I think this will be the operation in the future.

#### AN INSURANCE QUESTION.

DR. W. L. RODMAN: I have seen in the last few days the most remarkable case that I have ever seen in my life—the most deplorable ending to it. Last Thursday I saw a gentleman for an accident company, about fifty-five years of age, laborer in one of the breweries of this city, who, by some accident, had sustained a simple fracture

of the distal phalanx of the great toe near the joint. I saw him for the first time Thursday afternoon, after considerable swelling had taken place. I ordered hot applications, saw him again Friday and he seemed to be getting along all right. I saw him again on Saturday afternoon, five o'clock, and noticed he was a little nervous. His wife said that he had some fever in the forenoon, but did not seem to have any when I saw him at five o'clock in the evening. I did not use the thermometer, however; he said he was feeling very comfortable, and remarked that the hot water had relieved the pain. I told him he was doing so well that I would not call again until Monday. I learned to-day (Monday) that he was dead. I at once went to the brewery to learn the particulars and found that on Sunday morning about two o'clock he had jumped out of the second story window; did not hurt himself much in jumping; wandered around town, went to the brewery and remained there two or three hours; bought two bottles of whiskey (pint bottles) and wandered out to the country and was seen six or seven miles from town yesterday at noon. He was very thirsty and went to a farmer's house, and asked for a drink of water, then tried to climb up the side of the stable, saying that he wanted to get into his room. He wandered about all yesterday and was found dead about four o'clock this morning with two empty pint bottles in his pocket, having evidently contained whiskey. This man had been working at the brewery and had probably been in the habit of drinking a great deal of beer; when I saw him on Saturday afternoon I did not tell him to drink more or to drink less. I thought as he was a little nervous possibly he was not getting quite as much beer as he was accustomed to. The question is, what ought the accident company to do in a case of this kind. I am very frank to say that the man may have had delirium, even as a result of a slight injury like that. It is questionable as to how much was due to whiskey, and how much was due to fever, the result of this simple fracture of the distal phalanx of the great toe.

I remember reporting to this Society four or five years ago a case of delirium after fracture of the leg. I held at the time that the delirium was due to the fracture.

## DISCUSSION.

DR. E. R. PALMER: My experience with these men who work about breweries and about beer saloons, and who are constant beer drinkers, is that they usually wind up the day with whiskey or brandy; that beginning the next morning they drink whiskey or brandy, which, in both or either instance, is usually a very inferior article, and begin their beer again about ten o'clock in the day. I think the case reported is clearly one of surgical delirium in the drinking man.

DR. W. C. DUGAN: The question is whether the accident company should pay the amount of insurance.—I think they should. Why? Because, undoubtedly, the fact was known that the man in question was a drinking man at the time the insurance was taken out. The company assumed the risk, and, I think, should pay for it. It may be true that the man developed delirium tremens, and he was practically predisposed to it. On the other hand, his death might have been the result of uræmic coma.

DR. H. H. GRANT: I have seen a great deal of delirium tremens, and it has been my observation that it nearly always occurs, for some reason, after fracture or other minor injury. In the case reported by Dr. Rodman, I do not think the man would have sustained the injury if he had been carefully watched and properly nursed. I believe it is fair to decide that the accident was not the cause of this man's death, but it was the predisposing cause. I do not think the accident company is responsible for the reason that the man was under the care of his family and should not have been allowed to jump out of the window, subjecting himself to that risk. I think the position taken by Dr. Dugan is hardly the proper one for us to hold.

DR. W. L. RODMAN: I failed to state that this man lived up stairs with his wife, who is an invalid, and, therefore, not able to restrain him. I shall certainly advise the company to pay the insurance. Had he not received the injury, he would not have had delirium tremens.

Many cases of death are caused from vasomotor paralysis of the heart, superinduced by the administration of alcohol in the practice of physicians.—Quirmby.

## THE CLINICAL SOCIETY OF LOUISVILLE.

*Stated Meeting of December 13th, 1892.*

## DOUBLE EXCISION OF THE KNEE.

DR. A. M. VANCE: I simply present this patient to show the result of double incision of the knee for infantile paralysis. The boy is about nine years old, very small for his age; his body is fairly well-developed but the legs are very small. I first operated upon the left leg, then after a lapse of about five months excised the right knee. You will notice I have put one leg in slight flexion, the other in hyper-extension, by this means hoping that he may be better able to balance himself in walking. I used no suture whatever in uniting the bones, the plaster dressing serving to keep them in apposition; I first removed the patella, then about a half inch of the tibia and femur. There has not been the slightest sign of inflammatory reaction or suppuration from either operation, proving the power of asepsis in these cases. I have done this operation five times on the knee, and twice on the ankle; the last patient operated upon died about ten days after the operation with some trouble of the heart.

## DISCUSSION.

DR. I. N. BLOOM: In case the operation had not been performed and the paralytic condition allowed to exist there would have been complete atrophy of the muscles. I would like to ask Dr. Vance if he expects muscular development now.

DR. A. M. VANCE: All the calf muscles that move the foot and are not paralyzed, will develop by use.

DR. W. O. ROBERTS: There seems to be a good, bony union. Have you ever noticed in any of these cases, after you have apparently secured good, bony union, it afterwards limbers up?

DR. A. M. VANCE: No, I have not; the bony union has always been permanent.

DR. W. O. ROBERTS: One important point in an operation of this character is to get, if possible, bony union, and in order to do that it seems to me you are bound to take off the cartilage of both bones. If you do not you get what is called a "flail" joint. Another point you have to be exceedingly careful about in removing a piece of bone is, not to take off too much; if you do the bone ceases to

grow. This is a very important point in cases of resection in children.

## CASES EXHIBITED.

DR. T. P. SATTERWHITE: Dr. Dugan, I believe, performed a laparotomy upon this patient about a year ago; the stitches inserted at the time seem apparently to have cut through, and there is a kaloid condition running across the abdomen from each stitch as large as a small lead-pencil. She is a Polish girl about eighteen years of age. The operation referred to, as I understand, was an exploratory one, owing to some ovarian trouble which was supposed to exist. However, everything was found to be in an apparently healthy condition, consequently nothing was removed.

The point that I wish to call particular attention to is, that she now claims to have an evacuation of the bowels only once in three or four weeks. She speaks English so imperfectly that it has been exceedingly difficult for me to obtain a full history of the case. She tells me that she suffers intensely, probably from the accumulation of fecal matter, and that a colotomy has been proposed for her relief. That is a point upon which I desire to obtain the judgment of the Society—as to the propriety of further operation. She came to me for advice as to whether she should submit to an operation. She says that one-half of her body, (left side) is perfectly devoid of sensation; a needle can be thrust into the body on that side without pain; there is perfect sensation of the opposite side. There is no loss of motion of any portion of the body, but simply loss of sensation on one side, which has existed for about eleven months. She has been troubled with constipation for about a year.

CASE II. Many of you have seen this patient as he has been in the city hospital a greater part of the time for the last year or so. I simply had him come here to show the development of the superficial veins on the upper part of the trunk. These veins commenced enlarging about a year ago and you will observe now they are nearly as large as your finger. A peculiar feature is that the blood flows downward



in these veins, as can easily be proven by compressing them at either extremity.

#### DISCUSSION.

**DR. W. H. WATHEN:** If I understand correctly, one of the especial reasons for reporting the first case, was to get the sense of the Society as to whether colotomy is indicated. This woman consulted me some six weeks ago upon two or three occasions, but I found that she was not a patient that would interest me especially, and declined to see her again. I can see no indication for a surgical operation of any kind upon her bowels, or upon her uterus or its adnexa. Colotomy could do no possible good, but might do a great deal of harm, because it would bring about a very disagreeable condition by keeping the patient constantly soiled with fecal matter. I can not understand why colotomy should have been suggested, because there is no apparent obstruction in any part of the canal, and we have no positive assurance that this woman has constipation at all. In fact, I am inclined to the opinion that she is having evacuations with comparative regularity. I do not mean to claim that she is purposely deceiving the profession, for she may be absolutely honest in what she says; she is probably insane upon the subject. Were she having as few evacuations as she claims, there would be conditions that do not exist.

**DR. T. P. SATTERWHITE:** In regard to what Dr. Wathen has said: "That there would be some constitutional disturbance if a patient did not have an evacuation oftener than stated by this patient," let me state: Several years ago I had an Irish servant girl with me about thirteen years, and she never had an action of the bowels for three and four weeks at a time and during this period she was in excellent health. Never was sick in the thirteen years, and she reported to me at the time that there was a woman next door in exactly the same condition.

**DR. I. N. BLOOM:** You are all doubtless familiar with the report in physiology of a man who went eight months and sixteen days without having an action of the bowels, and was in perfect health all the time, and when he did have an action there was a large amount of fecal matter, over fifty pounds, I think. Cases of this kind are not so very uncommon. An ex-

amination of the abdomen is bound to disclose an abnormal condition, while the sensations of the patient may be those perfectly consistent with good health.

**DR. A. M. VANCE:** I have seen a great many cases of varicose veins on the trunk, and do not think the condition very uncommon. I expect I have seen at least twenty-five cases, some of which are more marked than the one shown by Dr. Satterwhite.

#### GANGRENE FOLLOWING FRACTURE OF ARM.

**DR. W. O. ROBERTS:** About two weeks ago I was called to a neighboring town to see a gentleman who had fallen a distance of some twenty feet, sustaining a complicated fracture of the bones of the forearm. The arm was put up in plaster dressing and kept there several days. At the end of the week his physician discovered evidence of gangrene. When I saw the patient, seven days after receipt of the injury, gangrene was quite marked and extended to within two inches of the elbow joint. The parts above were very much swollen, and there was considerable contusion and ecchymosis of the arm on the inside, as high as the axillary space. The patient's temperature was 104° F., pulse 130. The temperature the day before, the doctor told me, was only 101° F.; on the morning of the day I saw him it was 102° F. I saw him about four o'clock in the afternoon and advised immediate amputation, and did the operation at the junction of the middle third of the humerus. I had a letter from the doctor, a week after the operation was performed, saying that at nine o'clock at night of the day of the operation the patient's temperature had fallen to 100° F. and since that time it had not gone above 99°, and that there was union nearly throughout the whole line of the incision.

Excision of the tympanum and ossicles gives beneficial results only in about forty-six per cent. as to the tinnitus, but no noticeable improvement in the hearing.

Doctors, lawyers and divines in our American civilization are prone to use tobacco, not simply for its sedative effect, but for companionship, and so to use it to excess.

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SATURDAY, JANUARY 14TH, 1893.

## EDITORIAL.

### A DEPARTMENT OF PUBLIC HEALTH.

Why not establish a National Department of Public Health, with its chief a member of the Cabinet? The present seems to offer a most favorable opportunity. The subject has been frequently discussed of late years, but apart from the establishment of a national quarantine supervision, no suggestion on this line has been made since the subsidence of the late cholera excitement.

None but a cavilling patriot or a ward statesman would deny the usefulness of the Department of Agriculture. It has rendered good service within its sphere. At any rate, it has succeeded in restoring the position of the American Pig abroad. It costs some million dollars to do this, but it secures large profits for pork packers and enables them to maintain without cost their representative in the foreign market.

While thus insuring his alien friends against infection from "pork measles," the American tax payer maintains his personal liberty to enjoy all the privileges and delights to be secured from Trichinosis. Indeed he could hardly do otherwise for it

would require Federal watchfulness and authority to secure him immunity, and this could not be had without infringing on State Rights. Any national laws to regulate adulterated or impure food products must meet with the same objection.

If the Federal Government is able to spend money liberally to investigate the ills that animals are heir to, and to enforce measures to prevent and cure such ills; if it can indulge in costly efforts to make sterile lands fertile; if it can explode thousands of dollars in making stage-thunder, hoping to seduce cloudless skies into surrendering rain; if it can control and regulate interstate commerce—it would not seem an undue centralization of power to charge the National Government with the care of the health and happiness of the citizens of states which are inter-dependent in this matter perhaps more than any other.

Of course if public health were raised to a plane that required it to support the tremendous dignity of a government "Department" and

"Show the force of temporal power,  
 "The attribute to awe and majesty,  
 "Wherein doth sit the dread and fear of Kings"

it is altogether probable that its beneficial action would be clogged by that network of red tape which seems necessary to prove the existence of governmental undertakings. But with all its pretentious formality it would be infinitely better than the system now obtaining, where the health officer is the creature of local politicians and the office is used to repay political obligations without reference to its importance or to the qualifications of the incumbent.

The health officer in any large seaport may, from a position of comparative insignificance, suddenly be charged with responsibilities that would strain to the utmost the resources and capabilities of the best trained and most experienced scientific specialists of the world. It is simply impossible for any ring-trained politician to rise equal to such an emergency. Only a thorough scientist supported by the power of the Federal government can successfully contend with the Devil of Moneyed Interests on the one hand and, on the other, the Deep Sea of the Welfare of sixty-five millions of people.

Two measures have been presented to Congress as steps toward securing national quarantine control; at best but wretched caricatures of what is needed. One proposes to attach quarantine to an existing branch of the service, which might be able to care for it if it had nothing else to do. The other proposes absolutely nothing.

The first measure, now pending in the Senate, is apparently objectionable to certain disinterested patriots. For it threatens injury to the steamship companies con-

cerned, in that it does not consider their dividends superior to the welfare of United States citizens. Again it appears to be totally oblivious to the time honored rights of "effete monarchies" to unload their paupers and criminals on American Institutions. Finally it unwinds the swathing bandages of that mouldy mummy States Rights.

As the bill is constructed on the "nickle-in-the-slot" principle the insertion of sufficient *plaques* might bring out enough amendments to remove these and all other objections.

It may be noted that States Rights were not pressed with any degree of persistence when the Marine Hospital Service was detailed to stamp out yellow fever in Florida, and saved the nation from a "visitation of wrath" that the combined "righteousness" of local health authorities could not have averted for a moment.

Quarantine is not the only function of such a department. It is not the chiefest even. The immense subject of vital statistics in its myriad ramifications is of untold value to the nation, practically as well as scientifically.

If infectious or contagious disease among animals is of sufficient importance to require government authority for investigation, prevention and cure, it would not seem unreasonable nor yet undesirable for the government to undertake the watch-care of analogous conditions in man. If it could be accomplished in no other way, it might possibly be smuggled into the department of Agriculture under the plea that man is only an "articulate speaking" animal.

#### GYNECOLOGY AMONG THE INSANE.

The secular papers with an inspiration commendable for energy rather than discretion, announce that the State Board of Charities has prohibited, as "illegal,

brutal, inhuman and not excusable on any reasonable ground," the practice of gynecological surgery upon insane women at the Norristown Hospital. The breeze is



caused by the alleged action of Dr. Bennett in allowing operative procedures to be undertaken on a series of cases in hopes of relieving or curing the mental conditions by removing the probable physical causes. The State Board is fortified by an opinion from its legal member, which opinion shows better acquaintance with law than with medicine. We venture to say that Dr. Bennett has permitted no operation where there were not gross indications of actual disease such as would compel urgent measures in the sane.

However it may be of some benefit to the profession to have this moot question definitely settled by the State Board of Charities and its legal member thus early

in the investigation. We hope these authorities will not rest idly content until they have definitely settled, at least to their own satisfaction, the "illegality, the brutality, the inhumanity and the inexcusability" of cerebral surgery in cases of mental disturbances caused by old depressed fractures, tumors, abscesses and the like in the brain.

Perhaps it is true humanity to keep the irresponsible wards of the state intact in their insanity, but it is doubtful if even the *savants* of the State Board of Charities would hesitate to invoke any means of relief, even such brutal and inhuman ones, were the unfortunate victims closely related to themselves.

#### THE BOARD OF HEALTH.

During the last four weeks the number of cases of diphtheria reported to the Board of Health has ranged from 144 to 154, and the deaths from 36 to 62 weekly. The Board has guarded more or less efficiently those houses in which the disease has had its victims. This has been a necessary precaution which should not have been suspended for a single hour, but it appears that on the 28th of December the Health Officer withdrew from the scenes of the disease all watchmen employed by the Board, for the stated reason that the appropriations for 1892 had been exhausted. On the following day, however, it was discovered that such was not the case, and, consequently, some of the watchmen were reinstated and the quarantine about the infected houses again set up.

That the quarantine was intermitted for a day or an hour was a mistake. The Health Officer, if the Board's treasury were really empty, should have given the watchmen personal assurance of their being ultimately paid, or he should have consulted the Mayor, who could have got in an hour subscriptions from citizens sufficient to pay for guarding every dangerous point. The Health Officer, in such an emergency, could have got the little money needed for a purpose so nearly affecting the health and lives of

the community at the LEDGER office, or from any one of a hundred other offices near at hand, where it would have been willingly advanced or presented him. There was no valid excuse whatever for suspending the quarantine of the diphtheria cases for a day or an hour.

The large number of deaths which have occurred from this disease during the year past, the larger number of cases and the continued prevalence of the malady suggest that the Board of Health is not conspicuously competent to deal with a contagious disease which has got so strong a foothold and the mortality from which is so great.

The Board of Health proposed, and in its treatment of Philadelphia's commerce, used truly remarkable means to prevent cholera entering the city. Its quarantine policy and methods were, and still are, as antiquated, crude and clumsy as they well could be. They appeared to be intended rather for the crippling of commerce than for protecting the public health.

Take as an example of the practices of the Board its treatment of certain passengers on the Indiana the other day. On the last voyage of that ship three children developed scarlatina; they were at once isolated from the passengers in another part of the vessel, and given the best medical attention. No other cases had oc-

curred when the *Indiana* arrived at her dock on December 31st, nine days after the third and last case had developed.

But under orders from the Port Physician, by instructions of the Board of Health, the three children referred to, and all other members of the families connected with them, together with all the other children under twelve years of age aboard the ship, and all the other members of their families, were placed in ambulances, provided by the Board of Health, and driven through the cold streets to the distant Municipal Hospital, commonly known as the City's Pest House, and largely occupied at the time by diphtheria patients. All those persons were kept in this place of contagious diseases until January 4, when they were returned to the vessel. Prior to their removal to the hospital the steamship agents recommended to the health authorities that all passengers who were regarded as suspects should remain aboard the *Indiana*, where they could be isolated and receive the best treatment and attention, at the company's sole charge and expense, instead of being hauled through the streets to the pest house, but the offer was refused.

Inquiry made at the German, Jefferson, Philadelphia, Hahnemann, Jewish, University, Medico-Chirurgical, Pennsylvania, Presbyterian, Episcopal and St. Agnes's Hospitals shows that neither of these institutions receives diphtheria patients, and the Board of Health has ordered that all such cases shall be sent to the Municipal Hospital. In view of the fact that that institution has not the resources, facilities or appliances for treating the diphtheria in the most effective manner, and as the Port Physician, in a letter dated January 1st, 1893, stated that the city is "engaged in a desperate struggle with an epidemic of diphtheria," would it not be reasonable that some provision should be instantly made for treating aggravated cases of the disease, and also for providing a headquarters where poor patients, at least, could be promptly treated by the most skilled physicians? Why should there not be promptly established a diphtheria hospital? It will be noticed that, according to indisputable evidence, cases are commonly left to be treated in the place of their origin, be it a mansion or a small, crowded household of the very poor, and,

even with such a condition of affairs, all possible physical restraint as to the intermingling of the inmates of the various houses in which diphtheria existed was removed for a time, as recently as Thursday, December 28th, 1892, through the removal of watchmen from quarantined houses.

Common sense would seem to indicate that, as Philadelphia has suffered during the last few months from what is designated by a prominent health authority as "a scourge of diphtheria," some steps should be taken to stamp out the disease, which is amongst us in visible form, rather than to concentrate the efforts of the Board of Health upon crude schemes to repel a no more dangerous scourge, which, it is only conjectured, may appear in our vicinity within the next four months. Not a single suspected case, even, of cholera, so far as is known, was brought to this port by any ship last summer.

A diphtheria hospital could be established at once, and, if placed under expert management, the funds to carry it on would not be lacking.

Meanwhile, the Board of Health should do something to show that it is entitled to public confidence. Its quarantine methods, as applied to ships or houses, are not of a sort to give assurances of its intelligent appreciation of what is best to be done, or how to do it.—(Ed. *Public Ledger*, Jan. 10, 1892.)

#### Effect of Intra-nasal Obstructions on the Singing Voice.

Dr. A. B. Thrasher (*Cincinnati Lancet-Clinic*) says:

Intra-nasal obstructions are a common and serious cause of disorders of the singing voice.

Generally the obstruction is accompanied by an affection of the soft palate, and less frequently by pharyngeal and laryngeal disease.

When there is simple intra-nasal obstruction not complicated with palatal, pharyngeal, or laryngeal lesions, the timbre only of the voice is affected.

When the movements of the soft palate are interfered with, then the upper register and the soft medium register are affected, in addition to an injury to the quality of the voice.—*Am. Lan.*

## TRANSLATIONS.

MARIE B. WERNER, M. D.

## NEW GROWTH OF THE UMBILICUS\*

This interesting monograph contains many important communications, which have been derived largely from the surgical clinic at Halle, while a number have come under the author's personal observation.

The collection of 185 cases have been carefully studied and classified. This is the first of a series of studies on carcinoma which was inaugurated by the late R. Von Volkman, and begun by his assistant shortly before his death. Pernice classifies the case under four heads:

I. *The Inflammatory Processes of the Umbilicus*.—Under this head he recognizes five forms, namely: 1. A case of navel-granular. 2. A case of navel-gumma, (which had softened and thus had the appearance of a degenerating carcinoma.) 3. The navel concretions. 4. A case of a horny excrescence of the umbilicus. 5. Papillary fibroma, (these are placed under this head from the fact that they originate by a slow form of inflammation, the tumor developing slowly at its base.) These cases studied in detail will prove of interest.

The second chapter takes up:

II. *The Growths Originating in the Connective Tissue*.—Under this head Pernice reports: 1. Two cases of fibroma and fibro-lipoma. 2. Two cases of angioma. 3. Nine cases of myxoma. 4. Fourteen cases of sarcoma and fibro-sarcoma. Eight of these came under the author's own observation; among these he met with two cases of melanotic sarcoma.

The author has devoted more time and study to the third class making it especially interesting regarding the origin of the various forms of malignant growths. His classification is as follows:

III. *The Growths from the Umbilicus Originating in an Epithelial Basis, Particularly Carcinoma*.—Pernice separates the primary from the secondary forms and since the value of this essay concentrates itself in this chapter, it becomes desirable to enter into a little more detail regarding its theories. 1. Primary Carcinomas, under which he reports 27 cases, among which the following differentiations are

observed: Cancroid, Papilloma degenerating into Carcinoma, Scirrhus, Tubercular Epithelioma, Colloid Carcinoma, Encephaloid Carcinoma. In the greater portion of the first three mentioned their origin can be traced to the superficial layer of the epithelium. The second growth is characterized by epithelium similar to that found in the intestines. The explanation for the frequency of Cancroid may be found in the chronic irritative condition met within the collection and decomposition of dirt and epithelial masses, hair, and sebaceous matter. Their growth is slow, frequently degenerating from papilloma, and partake of an abscess or papillomatous appearance. The prognosis is relatively favorable. It is advisable to operate early and never to remove a suspicious malignant growth without opening the peritoneum for careful inspection and removal of suspicious infiltrates. If the inguinal glands are enlarged they should be extirpated. Scirrhus, which should be treated from the same standpoint, derives in all probability its origin from the epithelium of the skin, perhaps the most deeply seated part of the umbilical cicatrix. It is characterized by its relatively rapid growth. The prognosis is relatively more unfavorable.

To the second group, whose origin is traced to the more deeply seated epithelium, belong the cases of Colloid and Encephaloid Carcinoma. Their epithelium resembles that of the intestine, and they are, perhaps, closely related to the ductus omphalomesaraicus. (A swelling of the umbilicus may often be regarded as primary when in reality it is simply a continuation from a deeper seated growth; for example, an extension from a cancer of the stomach). Rapid growth into the deeper structure is characteristic of this variety, extending not only through the umbilicus but also into the peritoneum and abdominal organs. On several occasions small carcinomatous growths were observed through the peritoneum and upon the serosa of the liver. Frequently infiltrations have been noticed extending from the umbilicus to the liver, to the bladder,

\*Translated from the Central. f. Chirurg. No. 41. 1892, for MEDICAL and SURGICAL REPORTER.



in the suspensory ligament of the liver and the median vesical ligament, carried, no doubt, by the lymph channels. The inguinal glands were frequently found infected, but infection was rarely noticed in the retroperitoneal glands and never in the axillary glands. The prognosis is unfavorable.

2. Secondary Umbilical Cancer.—Of this variety he reports twenty-nine cases; twenty among women, nine among men. The primary lesion was usually somewhere in the abdominal organs—stomach, uterus or intestines. The ages ranged from 33 to 73 years; the greater number of cases were found between the ages of 50 and 60. All cases ended fatally in spite of numerous operative procedures. The growths were a sequence to the continued progression of the disease in twenty-four, and in five it appeared as a metastatic formation.

In the first series of cases reported under this head, ten cases were described, in which there was direct adhesion of the cancerous mass to the umbilicus; thirteen where communications could be traced from the ligamentum suspensor hepaticus, and lastly, a case in which it followed the incarceration of a carcinomatous nodule of the omentum in an umbilical hernia, the primary growth having started in the uterus. The first ten cases were for the most part secondary manifestations of a primary cancer in the stomach, or an omental metastasis, cancer of the gall-bladder or intestines, which had become adherent to the umbilicus. Among the thirteen cases the primary affection in seven was of gastric origin, one of the intestine, two of the uterus, three of the peritoneum generally.

The metastatic formation of cancer in the umbilicus is rare if not in direct communication with the lymph channels, it seemingly being necessary to have a direct medium of interchange. The prognosis is unfavorable, operative interference having in all cases been hopeless from the extensive infiltration.

In a third group under the third class he places:

3. Atheroma and Dermoids of the Umbilicus.—He reports twelve cases. The treatment and its result is precisely the same as in other parts of the body.

Under the fourth class the author places:

IV. *Adenoma and Enteroteratoma of the Umbilicus*.—They apparently simulate the granuloma and are connected with the ductus omphalomesaraicus. Thirty-eight cases gathered from the literature and one case under personal observation are reported. Histologically, they are composed of two layers, a peripheral glandular layer and a smooth, muscular layer, and occasionally a thin, central connective tissue layer could be observed. The author does not approve of the names given this form of enlargement, since he is of the opinion that, generically speaking, adenoma does not express its mode of origin—not being a new growth—but a prolapsed diverticular portion of the tissues, and for that reason enteroteratium is equally unsuited to describe it. The author, therefore, proposes the name of diverticular prolapse of the umbilicus, which explains the nature of the swelling and its peculiar histological construction.

#### A Case of Poisoning of Methylblue.

An engineer was suffering from a typical attack of malarial fever and was treated with arsenic and quinine without success; received some benefit from the use of strychnia. After consulting another physician later he ordered methylblue, three or four times daily 0, 2 grm. On the second day there was difficulty of urination and vomiting; notwithstanding this he continued taking the medicine. In the following few days these symptoms increased; urination became more painful accompanied by some bleeding. After six days the treatment was stopped and the symptoms of poisoning disappeared in a few days.—(*Wein. Aerztl. Centr.-Anz.*)

#### The Treatment of Tetanus.

Verneuil believes that the practice of Berger of amputating the affected member becomes useful in a relatively small number of cases since the results are not certain and the most favorable time for operation is not always known; and lastly, that the excitement preceding the amputation, as also the administration of anæsthetics, may produce a fatal attack of tetanus. Verneuil in order to support this statement cites six cases in which amputation resulted unfavorably. Among these, three in which the operation was performed be-

fore a distinct attack of tetanus had set in. Chauvel also regards amputation as a questionable treatment for tetanus.

Vaillard could never cure artificially induced tetanus in an animal by amputation. Of greater importance is the rigorous antiseptics of the wound, since the investigations of Vincent and Vaillard have proven that the microbe is only active when in contact with other septic microbe (*Staphylococcus* and *Streptococcus*.)

Trasbot called attention to the fact that the prognosis of tetanus in the horse, is more favorable if its duration extends

over a period of two weeks. It has also been noticed that chronic tetanus in the human being is more benign than the acute. For that reason greater importance must be placed upon therapeutic treatment.

Labanc declares that the results which Nocard has attained with antitoxin in chronic tetanus would have been healed as well without it. He considers the injections injurious, for the reason that antitoxin produces, like all other toxins, an exacerbation of the disease with fever which may induce a return of the tetanus symptoms.—(*Bull. Méd.*)

## ABSTRACTS.

### CORRECT GYMNASTIC POSITIONS.

Prof. Hans Ballin, (*The Annals of Hygiene*, December 1892,) says:

It is one of the main requirements in gymnastic work that a position should be correct. A carelessly executed exercise is of little or no value and leads often to the contrary of what is aimed at. He who practices gymnastics unsystematically, or he who teaches with a point in view to attain certain exercises and feats independently of position and posture of the whole body, gives evidence that he has not conceived the right spirit of physical culture.

We meet, however, with the fact that many gymnasts who exercise at random in the gymnasium or at home, or indulge in some manly sport, pay little or no attention to the execution of the movement as long as they have carried their point. They will jump and are proud when they can clear the rope at sixty inches, and they care very little that they did so in the most ungraceful manner. They will perform a giant swing on the horizontal bar, having their feet wide apart, keeping their body flabby and without any vigor and attitude, which does but little to develop muscular control. Now there may be some who claim that it matters very little how a man jumps as long as he exercises his body, and if he ever succeeds in jumping to an enormous height, he will be nevertheless the champion jumper. A man who will dare and accomplish the giant swing, will undoubtedly be considered by his comrades a daring fellow, who outdoes them completely.

This is all true, they will be the boys who will find their admirers. But physical exercise aims at more than to become a champion of feats; it must educate the body so it will be the servant of its supreme master—the mind; and, furthermore, must develop the human form symmetrically. This can only be attained by paying strict attention to the position and carriage of the whole body while performing physical work. An exercise which requires principally the action of the muscles of the legs is of little or no account when the trunk and arms are in an uninteresting and careless posture.

Experience teaches us that it takes a long and tedious course of practice for a person to become master of all groups of muscles in order that he will be enabled to move them at instant command. Complex motions make it still more difficult for co-ordinate action.

An untrained gymnast will lay all stress on the main features of the exercise, and having accomplished this is unconscious of the appearance and correct execution. A boy who tries for the first time to climb a ladder, going hand-over-hand on the underside of it, will sprawl with his legs like a frog out of water.

It can often be proven that these champions of some athletic or gymnastic sport act surprisingly and clumsily when they try for the first time to execute some simple calisthenic movement. An exercise correctly taken must at all times be an exercise of the whole body; there is somewhere an obstruction, which must be

overcome by practice. These hindrances to the performance of an exercise indicate the probability that the teacher has advanced too rapidly or unmethodically. The method must aim to conduct the scholars through the consciousness of bodily evolution by practice to the unconscious action. The more a person is lacking control over his muscular system, the more is he liable to bring into action, unnecessarily, those muscles which it is easiest for him to govern. If he, there-

fore, had to exercise with his legs, and has better command over the muscles of the arm, they will do the unnecessary movements, which make a person's actions awkward in appearance. This awkwardness is most effectually fought by laying stress on the carriage and posture of the whole body, thus recognizing the truism that the whole muscular system is an unbroken tissue, one muscle is closely allied to the neighboring one, and all are supplied from a common nerve-centre.

### CLUB FOOT.

Dr. Ræckel, in the *Australian Medical Journal* for November, 1892, in relating some surgical experiences at the National Orthopædic Hospital, London, says that the traditional treatment for club foot is divided into so many stages, generally only two. Say a baby is brought into the hospital with talipes equino varus of long standing origin. Here the stages in the treatment will be two—the first, the removal of the varus, the second, that of the equinus. Say a case is complicated by what is called plantar varus, that is, contraction of certain portions of the plantar fascia, and of the long calcaneocuboid ligament. Here, the first stage will be the removal of this deformity; the second, the removal of the varus due to the shortening of the tibialis anticus or posticus, or both; the third, that of the equinus. This dividing the treatment into stages simplifies matters wonderfully, and ensure good results in the end. It rests too on a scientific basis, as well as a practical one.

As operative measures in true orthopædic surgery consist only in the subcutaneous division of tendons, fasciæ and ligaments, they may be said to play but a small part in the treatment, though often, of course, their rôle is important enough. The main treatment, the backbone of the curative procedure, is unquestionably the working or manipulating of the affected part after operation, or even without it.

Well, we will suppose now that a mother brings her child, say but a few months old, with a congenital talipes equino varus. The first point is to ascertain whether the varus will require operation, that is, division of the tibialis for its re-

moval. This is very easily done, nothing more easy in the work. You simply try with the hands whether you can force the baby's foot straight, that is, into a position free from varus. If you can, no operation will be required; if you cannot, you will have to divide the tibialis, one or both. For if you are able at the first interview to overcome the varus with the strength of your hands, it is an absolute certainty that working will remove the deformity. This is a grand axiom in orthopædic surgery, a very grand axiom.

Whatever improvement you can effect by manipulation for a few seconds, will become permanent by repeated and prolonged manipulation. We will suppose now that in the baby's case just mentioned, you find yourself to overcome the varus by your hands, the baby will then have to attend daily at the hospital to have its varus worked out by the nurse for a week or two, the mother of course bringing the child and receiving her lesson as to the manipulation which she will have to continue at home so soon as she gives the nurse proof of proficiency. You will see how excellently this plan works. It is naturally a great bother for the mother to bring her baby daily to the hospital, especially if she lives far off. She will therefore exert herself to the utmost to learn her lesson in the shortest possible time. The nurse on the other hand, knows that at the first visit to the surgeon after the mother is officiating as worker, she will be put through her paces, that is, made to work her baby's foot in his presence and before his eyes. Nurses, as you are all aware, do not like snubs, and something more than a snub to the nurse would



follow a mother's inefficiency in the working department. Is it difficult to work out the varus from a baby's foot? No, certainly not. You grasp your fixed point, or rather the point you mean to fix (the heel) firmly with your left hand; with your right you lay hold of the lower end of the foot about opposite the heads of the metatarsal bones, and then give a series of jerks outwards, that is, in the opposite di-

rection to which the varus tends. Of course, an experienced worker will make much more headway than a beginner as to result, still a baby's foot is so small, the resistance to be overcome is so comparatively slight, that mothers, unless indeed they should happen to be the very greatest of geese, can manage to work out this deformity in from a fortnight to five weeks.

### THE STORY OF THE INSANE.

Dr. Wells, in an inaugural address delivered before the Minnesota Academy of Medicine, Nov. 2, 1892, says in part: "In the light of what has been and now is, no state will ever permit its insane poor to be remanded to the mercies of the poor house. A generous and enlightened policy alone becomes the dignity and honor of every state in its provision for the insane. Their numbers are rapidly accumulating, and in no other way can their pressing needs and those of common humanity be satisfied. They are the most helpless and defenseless of all God's creatures, and the most dependent upon those whose reason has been spared and without which life is nothing worth. The insane are not only the wards of the State but above all of the medical profession. Through their long wanderings has the medical profession been to them a cloud by day and a pillar of fire by night. Before the influence of

the new pathology prejudice and superstitions have faded away. Ever their defenders they have stood inflexible between them and the injustice of courts and juries and saved them from the hangman's knot.

One hundred years ago five hundred insane were chained in a single asylum under the lash of cruel keepers and visited twice a week by an apothecary. Now is our triumph complete as we behold the insane throughout the world in perfect trust, committed to our care. The mission of the medical profession has ever been and is to be the benefaction of mankind, and we may be justly proud of the part we have borne in this great and enduring work of reform in the affairs of the insane, for there exists no grander monument to the world's enlightenment and progress than the redemption of the insane from their centuries of bondage."

### EXTRA-UTERINE PREGNANCY.

At a meeting of the Gynecological Congress, at Brussels, September 16, 1892, (*The Provincial Medical Journal*, October, 1892), A. Martin, of Berlin, read a paper on this subject. His conclusions were: 1. The etiology of extra-uterine pregnancy remained, to the present day, veiled in the deepest obscurity. Certain hypotheses already advanced only explained isolated cases in a manner which did not defy criticism. The question could not be settled until the physiology of impregnation was better understood. 2. Most frequently the ovum was implanted in the tube. Ovarian attachment was less rare than recently supposed. Abdominal insertion of the ovum remained doubtful.

3. The diagnosis of ectopic gestation was a diagnosis of probability, except in cases where we could observe the development of the foetal sac outside the uterine cavity, or the development of an intra-uterine decidua without any distinguishable chorion, or when we discovered the foetus itself. 4. The evolutions of extra-uterine pregnancy rarely ended in retrograde metamorphosis (lithopædion mummification) without any intervening accident. As a rule, the death of the ovum occurred through hemorrhage into the foetal sac, or into the ovum itself. The blood escaped into the abdominal cavity, either out of the ostium of the tube (tubal abortion, properly so called), or by rupture of the

tube, in its continuity, into the peritoneal cavity or broad ligament. The hemorrhage only ceased in exceptional cases. In most instances death occurred either from anæmia or from a peritonitis, the precise nature of which remained obscure. Ectopic gestation should always be reckoned as a dangerous neoplasm, and treated accordingly. Cases of development to term were so rare that to respect the interests of the child was to neglect

totally those of the mother. 6. Consequently, it would appear that operative interference, undertaken as soon as possible, was the right course in all forms of ectopic gestation. The foetal sac should be extirpated if possible. Treatment by hypdermatic injections of morphine cured very slowly. Treatment by electricity could not yet be rated at its true value, as hitherto recorded observations on this method were not above criticism.

### A CLINICAL STUDY OF GLANDERS IN THE HORSE.

Discussing this disease, Dr. W. H. Daly says (*Med. Record*):—In the teachings of the books, the names glanders and farcy are synonymous, but with the usual loose use of terms by the more ignorant and would be veterinarians these names are applied to two different phases of glanders, with the implication that they are two different diseases. That form of glanders where the nasal discharge is most prominent is spoken of commonly as glanders; the term farcy is used to designate the other form, where the disease displays lumps in the line of the lymphatics, along the belly and insides of the thighs, along the neck and elsewhere, varying from the size of a hickory-nut to that of a small apple, together with œdema of the legs and stiffness of the joints; later, the nodular lymphatics, or so-called farcy buds, break down and ulcerate; this form is spoken of as farcy, but it is all the same glanders, as syphilis that attacks the glands is none the less syphilis.

The nasal discharge in glanders is not necessarily offensive, and in most of the cases I have seen not at all so. When the animals are kept as clean as possible, moreover, the nasal discharge is not necessarily purulent, but may be of a starchy character, and may be chiefly from one naris.

The disease may lurk and be masked in the system of a horse for many months, and the only significant or apparent symptom may be a slight and inodorous discharge from one naris on driving the animal.

The horse may be far advanced in the disease, and with the discharge considerable, when the amount he may blow from his nose in driving is taken into account, and so far as his apparent activity, spirits,

and appetite are concerned nothing unusual may seem wrong, other than the evidence of a slight cold, or epizootic, with concomitant or following loss of flesh.

The disease has been known to have apparently disappeared in a given animal, the usual discharge to disappear, flesh return, nodular lymphatics or farcy buds to disappear by absorption, and later, from overwork or exposure to cold, the disease may return and pursue a fatal course.

That glanders is highly contagious, both to horses and the human being, there can be no doubt; yet in the stable of a friend, some time ago, two carriage horses were affected with glanders, while a third horse, that occupied a stall between the diseased horses and was in constant touch with them and drinking from the same buckets, was not affected, and is yet in good health. The glandered horses were destroyed.

While inspecting the nares of one of my equine patients, after using the nasal douche on him, I had on two occasions the misfortune to receive some of the mucous blown by the horse from his nares into my eyes and about my face. A careful washing and disinfection was at once resorted to, without any untoward event following.

I give these points as of some practical value, to counteract the vague and foolish terror that is inspired by the very name or suspected existence of glanders.

Let me give you a clinical picture of a typical case.

Horse twelve years old, fifteen hands high, weight probably eleven hundred pounds, dark brown, cob build, very high spirited, and of high intelligence and breeding—an animal of rare qualities and great endurance. This horse had for some

months a short hacking cough, that I jocularly denominated an old man's cough. He also had for several months a starchy discharge from one naris after being driven.

About January, 1892, we had an epidemic of la grippe in the human population of Pittsburg, but there was no unusual amount of sickness among horses. This patient was not in good condition, however, and was losing flesh, but was spirited and active. One cold day in January, I rode him under saddle to the West Penn Hospital and back, a distance of six miles. The horse was spirited and anxious to go, and I indulged him, bringing him back rather warm, and instead of rubbing him dry, as I directed, the groom let him stand in a draught, while he turned the hose on his legs to wash the mud off, and then put him in his stall without a blanket, and without rubbing his legs dry. The next day the horse seemed excited and nervous, but not otherwise the worse for his ill care and treatment. A few days later he exhibited further evidence of cold; nose running copiously, cough, fever, pulse sixty, and limbs stiff. On examination there were revealed a few small lymphatic nodules along the belly in two direct lines backward from his forelegs; also some nodules along the crease in the neck above the windpipe. Yet the horse ate well and seemed to have usual good spirits; the nasal discharge was inodorous, but copious from the left naris, the mucous membrane of which was swollen, turgid, and of a dark pink hue, but there were no chancres on it; the mucous was now tinged with blood. This was about the eighth day after the severe ride and the maltreatment by means of the cold water and exposure.

The medical treatment at this time consisted of hot bran-mashes, with saltpetre, quinine, carbonate of ammonia internally; antiseptic nasal douch, followed by iodoform insufflations twice daily. There was little change in this condition for six weeks, when the legs began to be cedematous, and there was lameness, especially in the left hind leg, which was increased to twice the natural size by cedema. The fary buds were now firm and hard, and as large as walnuts along the belly line and the nasal mucous membrane was swollen, and small, punched-out, chancre-

like sores appeared in the left naris; the discharge was lumpy and thick, but inodorous, though very considerable, and the box stall was spattered all about each morning with bloody mucous of a gelatinous character, and very elastic and adherent to whatever it attached itself.

A few days later after the douche there was a copious and alarming hemorrhage of venous blood, which was arrested by elevating and tying the patient's head high up. In a week later the chancrous sores in the left naris were more numerous and quite characteristic of glanders; in fact, all the salient features of the disease were now present in undoubted character. The patient's appetite was normal, and the spirits were fair, though the emaciation was pitiful to behold. There was some arrest of the urinary secretion for a day or two, which was restored by the exhibition of rosin and saltpetre. The administration of arsenic, quinine, and iron was substituted for the other medicines, the cough and fever having abated; the copious nasal hemorrhage had occurred several times in the past week; once the amount was over two quarts, and was only arrested by a hot solution of alum, used as nasal douche.

Several of the lymphatics in the throat and neck were now in the eighth week about the size of a small apple, hard and well defined but not tender to pressure; the left nostril was enormously swollen, and studded with glanderous chancres that had sharp edges and gray bottoms resembling the true chancre as seen in primary syphilis; there was no odor that could be considered offensive, but the patient was kept as clean as possible, and great care was observed in every way.

I now gave arsenic, iron, and quinine in large doses, estimated as though I was treating a twelve or thirteen hundred pound man, and after a week further there was an abatement of the naso-pharyngeal symptoms, and the discharge became more distinctly purulent; the animal seemed better, and his coat, which had never stared or become rough but merely dull, looked better and somewhat glossy; his eyes, which for a few days previously were listless, were brighter.

Now, having had a full and very complete opportunity to study the disease in all its phases, so as to be able to recognize



it again, even in its earlier stages, I decided, although the animal was now improving, to destroy him, as I was obliged to absent myself from home, and there was rumored danger of the authorities proceeding against me. I accordingly had the horse shot. The post-mortem revealed extensive chancres of the nasal mucous membrane, from the size of a ten cent piece to the size of a silver dollar; the bones of the nose were denuded, and yet, at the bottom of several of the chancres repair had already begun on the edges of some of the sores.

Now as to prophylaxis. Complete isolation should always be resorted to, and if it is summer, the patient is better in an out enclosure or box-stall completely isolated.

For disinfection of premises after glanders, if the structure is too valuable to burn, first scrape all the wood where discharges have been lodged by being blown from the patient's nose; burn these, then wash all down with a rough broom and a solution of sulphate of iron (two pounds to one-half gallon of water). After this close the place tightly and burn sulphur in it for several hours. After this whitewash with a solution of fresh burnt lime, with a pint of crude carbolic acid, and a pound of sulphate of iron to the gallon of wash, flushing all crevices and corners. If this is done thoroughly there will be little or no danger to animals who occupy the premises subsequently.

Soak the blankets, if valuable, in a solution of corrosive sublimate, 1 to 500 and afterwards wash and boil them. Currycombs, brushes, and other tools should be scrubbed in hot water and soaked in a solution of corrosive sublimate 1 to 500. Harness can be washed in rather warm water, then rinsed in a sublimate solution and afterward rinsed in clear water and cleaned with a carbolic or mercury soap for a few times; care should be taken to eliminate from all the corners about the buckles and keepers any dandruff from the diseased animal.

The all-important question in glanders is to be able to recognize the early manifestations of the disease. This is exceedingly difficult, as the conditions are so masked, but from my observation I should say, where an animal has certainly been exposed to contagion take the best of care of him in every way, and observe the

strictest cleanliness, and if later on you observe a persistent but very slight discharge from one or both nares, and some even slight lymphatic nodules along the belly-line of lymphatics, from the size of a coffee-grain to a hickory-nut, these are the so-called "farcy buds," which when once felt can never be mistaken. If there is in addition a slight fever, put your horse on good alterative tonics and isolate him, but do not ruthlessly destroy him.

As an experiment I expose a young horse to the contagion, and at a time when he was suffering from colt distemper. The glanderous disease went on to development of farcy buds, slight nasal discharge, and temporary loss of appetite. The symptoms under the above alterative treatment all disappeared in less than two months, and the horse was in an improved condition<sup>1</sup> and although he is now receiving no treatment is, beyond doubt in my mind, safely in a sure convalescence, barring no accidents that will deteriorate his general health.

As to character of the disease I am of the opinion it is of a specific character, that is, contagious through its peculiar bacillus malleis, and that it is to a certain unascertained degree curable if taken early and properly isolated.

But I repeat herein lies the difficulty, viz., an early recognition of the disease. I would not by any means advise the purchase of a horse who upon a little active exercise runs a little starchy mucous from the naris or nares and has some hard nodular kernels like a pea or chestnut in the cellular tissues under the skin along the belly in a line with the forelegs; these are among the earliest objective constitutional symptoms, and I regret to say when present are often so masked as to escape notice of any other than an expert observer.

This is a clinical picture of glanders as I have personally observed it, and without regard to the teaching of the books, and I have given it to you, hoping that it may interest you not only in preventing the disease in those noblest of the lower animals, but also in the human being, who is so liable to be attacked by means to contagion.

1. Three months later this young horse is in the condition and, so far as I can discover, in perfect health.

## THE LIBRARY TABLE.

*Notes on the Newer Remedies and their Therapeutic Applications and Modes of Administration.* By David Cerna, M. D., Ph. D. Demonstrator of Physiology in the Medical Department of the University of Texas, etc., etc. Philadelphia, W. B. Saunders, 913 Walnut Street, 1893. Price \$1.25.

The author has endeavored to furnish the practitioner and student, in as brief a manner as possible, the salient points in the employment of the newer drugs in the treatment of disease. Such of the drugs as are not yet fully studied therapeutically, are given only a passing notice. The book will be useful to the student or practitioner who, without neglecting important matters, can keep abreast of the times in the science and art of modern therapeutics.

*Acan and Alopecia.* By L. Duncan Bulkley, A. M., M. D., Professor of Diseases of the Skin, New York Post-Graduate Medical School; Physician to the New York Skin and Cancer Hospital, etc. Published by Geo. S. Davis, Medical Publisher, Detroit, Mich. Price, postpaid: Paper, 25 cents; cloth, 50 cents.

The author presents these diseases in a clear, concise manner. No attempt is made to exhaust the subject, nor are references made to authorities. The desire has been to present the conditions as they appear to one daily engaged in relieving them. The author's reputation as a practitioner, is sufficient guarantee of the book's usefulness.

*Gonorrhoea and Urthritis.* G. Frank Lydston, M. D., George S. Davis, Detroit, 1892.

The author of this valuable little book has succeeded in getting a vast amount of information in its pages. His views as regards the pathology and treatment of gonorrhoea are distinct and practical. He does not advocate the abortive plan of treatment, claiming it a relic of by-gone days.

The work abounds in useful suggestions. To the physician who desires knowledge in the treatment of Genito Urinary Diseases this little book will be a welcome mentor.

*The Students' Quiz Series.* Edited by Bern B. Galland, M. D., Demonstrator of Surgery, College of Physicians and Surgeons, New York. This new series of Manuals in form of question and answer enjoys the unique advantage of issue under careful editorial arrangement and supervision. The Editor, himself an experienced practitioner and teacher, has assigned the various volumes to well-known specialists and instructors in New York. The thirteen volumes cover the subjects essential to a thorough knowledge of medical science and art, and they may be trusted as authoritative and abreast of the times. They are of value not only to students and teachers, but to practitioners who may desire to recall details for instant use.

The large utility of this series therefore assures an enormous sale and justifies a very low price in proportion to intrinsic value.

*Anatomy,* Brookway, F. J.; *Physiology,* Manning, F. A.; *Chemistry and Physics,* Struthers, J.; *Histology, Pathology and Bacteriology,* Beach, B. S.; *Materia Medica and Therapeutics,* Warner, L. F.; *Practices of Medicine,* Doobleday, E. T.; *Surgery,* Sands, R. A.; *Genito-Urinary and Venereal Diseases,* Chetwood, C. A.; *Diseases of the Skin,* Ransom, C. C.; *Diseases of the Eye, Ear, Throat and Nose,* Miller, F. E.; *Obstetrics,* Hoyt, C. W.; *Gynecology,* Bratenahl, G. W.; *Diseases of Children,* Rhodes, C. A.

So far as works of this nature can be of use these compends answer the purpose of their publication. Lea Bros. & Co. being the publishers is sufficient guarantee of the superiority in this class of medical books.

## RECENTLY RECEIVED.

*Fermentation, Infection and Immunity. A new theory of these Processes.* By J. W. McLaughlin, M. D., Austin, Texas, 1892. Price 2.50.

*Hand-book of Massage.* By Emil Kleen, M. D., Ph. D., authorized translation from the Swedish, by Edward Mussey Hartwell, M. D., Ph. D. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1892. Price \$2.75.

*A Manual of Clinical Ophthalmology.* By Howard F. Hansell, M. D., and James H. Bell, M. D. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1892. Price \$1.75.

*A Hand-book of the Diseases of the Eyes and Their Treatment.* By Henry Swanger, A. M., M. B., F. R. C. S. I. Fourth edition. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1892. Price \$3.00.

*Transactions of the Homeopathic Medical Society of Pennsylvania,* 1892.

## NOTES.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery" arranged in conformity with the "American Text-Book of Surgery, which will be a valuable aid to all who have this great book.

Moullin's Text-Book on Surgery was first published in April, 1891. So favorable was its reception by the medical profession and press that in a little over twelve months it was recommended at more than twenty medical Schools, and the large edition that had been prepared was exhausted. So much for past history.

Early last summer Blakiston, Son & Co., were fortunate in securing the services of Dr. John B. Hamilton, formerly Surgeon-General of the Marine Hospital Service, now Professor of Surgery at Rush Medical College, Chicago, as editor for a new edition. He has now almost completed his work, and within a short time they expect to place before you the book generally revised so as to represent Surgery as it is to-day, with a number of new and beautifully colored illustrations printed in with the text.

"Our claim that Moullin's surgery is the best text-book for the student, and general work of reference for the practitioner is based upon the reviews of a large number of journals that have pronounced it eminently practical, and upon the fact that so many teachers have seen fit to recommend it. But beyond this we may say that broad principles are stated in a clear, authoritative manner, that the relative value of the different subjects has been carefully considered, and that about the whole there is an air of responsibility that renders plain the fact that the author knows whereof he speaks, not only from his own experience, but from an acquaintance with American and foreign literature. There is also a uniformity of style, an elegance of diction, that attracts and interests the reader, while it makes plain the subject under discussion."

*Public Opinion*, the eclectic weekly, of Washington, D. C., which has made a feature of offering liberal cash prizes for the best essays on prominent topics, has just announced three cash prizes of \$150, \$100, and \$50, respectively, for the best three essays upon the question "What, if any, changes in the present immigration laws are expedient?" The contest is open to any one and full particulars may be had by addressing *Public Opinion*, Washington, D. C.

The "American Text-Book of Surgery," edited by Professors Keen and White, of Philadelphia, is pronounced a success. It has been adopted as a "Text-Book" by leading Medical Colleges and Universities. Nearly five thousand copies have been placed in physician's libraries, and every indication points to a sale of at least as many copies more in the next six months.

## CURRENT LITERATURE REVIEWED.

### THE ANNALS OF HYGIENE.

The opening article of December's issue is Prof. Ballin's on "Correct Gymnastic Positions," of which we give fuller note elsewhere. Under the title of "Hunting Health and Bears" Dr. Reed, of Ohio, gives quite a lengthy description of the hygienic advantages obtained by those who, weary and worn out by the duties of an exacting practice, or from the daily wear and care of a humdrum business life, have their vitality exhausted and seek to regain it by spending a vacation in the Rocky Mountains "hunting health and bears."

"Secrets of Health" by Dr. Parker and "Sanitary Day" by Dr. J. F. Edwards about finishes this month's issue.

### THE JOURNAL OF NERVOUS AND MENTAL DISEASES.

The only article of any importance in December's number is one on "The Equitable Responsibility of Inebriety" by Dr. Wright. Dr. E. P. Hurd has a translation of Professor Charcot's paper "Vibratory Therapeutics"—the application of rapid and continuous vibrations to the treatment of certain diseases of the nervous system. These two articles together with Dr. Field's paper on "Ophthalmoma" comprises all that is of any importance in this month's issue.

### ARCHIVES OF PEDIATRICS.

In looking over the list of collaborators, forty-eight in number, which is given a prominent place and which contains the names of men who have devoted a life time to the subject of Pediatrics, and then turning to the table of contents and glancing over the list of original communications one is amazed at the meager exhibition—four papers, three read before the American Pediatric Society last May, the other read before the American Orthopedic Association in September.

### COLLEGE AND CLINICAL RECORD.

The Dec. "Record" contains only two papers of any note. "The Puerperal Sepsis," by Dr. E. E. Montgomery, and "Urethral Irritation" by Dr. Mary Jacobi. We trust that this journal which has had an existence of thirteen years will commence its next year by putting its table of contents in a place that its subscribers can find, without having first to read its articles and advertisements.

### THE PHILADELPHIA POLYCLINIC.

The "Polyclinic" announces in its December number, that beginning with January, 1893, it will be issued monthly instead of quarterly as heretofore.

Dr. Crozier Griffith has an interesting lecture on "Diagnosis of the more frequent Organic Heart Murmurs." "The Prophylactic and Palliative Treatment of Fistula in Ano" by Dr. Lewis Adler, Jr., is the more important paper.

### INTERNATIONAL MEDICAL MAGAZINE.

The December issue appears with eleven original papers, four of which were read last June before the American Climatological Association. Dr. Eli Long has a paper on "Physiology of the Respiratory and Circulatory Changes at Birth as related to Asphyxia and its Treatment." A particularly good article is a Clinical Lecture of Dr. Hulke, of Middlesex Hospital, London, on "Aneurism." Possibly mention should be made of Dr. Dewey's "Study of Insanity following the Keely treatment for Inebriety." The doctor is inclined to think that this treatment consists of a medication of well-known tonics and perhaps cathartics combined with some narcotic or mydriatic drug, probably atropine, together with the powerful influence, mental, with which the patient is surrounded. Dr. Keely to the contrary notwithstanding denies in toto the uses of narcotics.

### UNIVERSITY MEDICAL MAGAZINE.

Dr. Daland's article "A Clinical Study of Eleven Cases of Asiatic Cholera treated by Hypodermoclysis and Enteroclysis," is given first place in January's number. This paper is the result of a very careful study of the clinical history and treatment of Asiatic Cholera. These observations were made at the Swinburne Island Hospital in New York Bay last September.

"Mydriatics in Ophthalmology," by Dr. Risley, is given second place. In considering these drugs the doctor states that it is, first of all, important that the solutions of the salts of the alkaloids in use should be bland, since any irritation of the tissues is especially harmful and directly opposed to the purposes for which the drug is usually employed.

Dr. Sinkler's paper "Insanity in Early Childhood" completes the articles of interest in this number.



## PERISCOPE.

## THERAPEUTICS.

## Peroxide of Hydrogen in Gastric Disturbances.

A. N. Iakovleff (St. Petersburg Inaugural Dissertation, 1892, No. 109) has made nine experiments on eight subjects, of whom some were suffering from chronic gastritis, some from nervous dyspepsia, one from cancer of the stomach, and one from hyperacidity of the gastric juice, while the eighth was healthy. In all but two cases the patients were given 4 c. c. of a three-per cent. solution of  $H_2O_2$  before breakfast, dinner, and supper. The patient with malignant disease and the one with hyperacidity took a two-per cent. solution, 4 c. c. from three to six times a day. The following is a summary of the results of these experiments: (1) Under the influence of  $H_2O_2$ , the general acidity of the gastric juice and the proportion of free HCl invariably increase. (2) The proportion of lactic acid always decreases, while in later stages of digestion the acid disappears altogether from the gastric contents. The phenomenon should be attributed to the well-known antifermentative properties of  $H_2O_2$ . (3) The digestive power of the gastric juice is markedly intensified. (4) In the case of hyperacidity (as well as in another similar case in the author's private practice) the administration of the peroxide was followed by a distinct aggravation of all gastric symptoms, while in all others, including that of cancer, marked improvement was observed, the appetite improved, the epigastric pain ceased, eructations and vomitings decreased or entirely disappeared, the bowels became more regular, etc. The author further made experiments on frogs and dogs, his object being to elucidate the effects of  $H_2O_2$  on the circulation. The results agree pretty closely with those published by Guttman and Schwerin, the essential point being that  $H_2O_2$  is decomposed by the blood, and hence can give rise to gaseous embolism with its consequences, such as dyspnea, dilatation of the cardiac cavities, etc. From these facts, Iakovleff concludes that injections of  $H_2O_2$  into the circulation for therapeutic purposes, as suggested by some authors, are absolutely inadmissible.—*Brit. Med. Jour.*

## The Simplification of Therapeutics.

The day of a more precise, hence more scientific application of remedies in the management of disease is dawning. Polypharmacy is the offspring of that mysticism with which our forefathers were wont to surround themselves unconsciously. In all other phases of human endeavor a spirit of inquiry is abroad; the devout churchman even asks questions to-day which a few decades ago he

would have deemed sacrilegious to entertain. He does not on that account lose aught of the true essence of religion; but he satisfies his reason as far as is consistent with his faith. We cannot marvel, therefore, if the doctor's clients often want to learn something of the agencies resorted to in combating an enemy supposed to reside within them.

The multi-pharmaceutical prescriptions we give him are not open to his comprehension; indeed candor would oft compel the prescriber himself to acknowledge a lack of rational appreciation of the objects and aims of his medication.

It has come, about, therefore, that the latter has become more simplified. The shotgun prescription of a former epoch is now rarely seen. The trend of teaching now is in the direction of the rationale of remedies. Thus the student becomes less slavish in his adherence to formulæ because he understands better the principles underlying the action of their component parts.

We may learn a valuable lesson on the Evolution of Simplified Therapeutics, and its enormous value, from the surgeon. When antiseptic surgery first astounded the filth-ridden surgical world, the minutiae of spray, gauze, protective, etc., seemed absolutely necessary to success. We discover now that poly-antiseptics is unnecessary; that the chief element of true antiseptics is asepsis or cleanliness. The scrupulous, unflinching, searching and skeptical cleansing of the field of operation, of the operator, and of the wound, proves today to be the source of the most brilliant surgical statistics. Dr. C. Schlimmebusch, upon whom devolves the preparation of cases for the most renowned surgical clinic in Germany, considers "boiling water as the most powerful of all disinfecting agents." He says: Instruments are best sterilized by boiling in a one-per cent. watery solution of carbonate of soda for five minutes, the soda increases the sterilizing power of boiling water, because it removes all fatty material and prevents rust. What is this but plain, unvarnished cleanliness. While this evolution to the simpler, hence higher, type of treatment is going on in the brilliant field of surgery, let the physician draw lessons of value from it. May we not by simplifying medication, by boiling down, as it were, our formulæ to active therapeutic entities, by eliminating mystical, inexplicable methods, and holding fast only to simple, rational, demonstrable therapeutic agents, do as much for internal disease as the surgeon has done for the palpable or external. It is a consummation devoutly to be wished; it must come in good time. In the meanwhile the sick are languishing or dying under our ministrations. "Let us be up and doing." Who shall be the Lawson Tait of Internal Medicine? The man who is bold enough to combat the prejudices of the most prejudiced middle class—the medical practitioner.—*Gall. Med. J. Edit.*

## Cocaine Antidotes.

S. Mitchell (Medical Record) has found that while ammonia, digitalis and brandy will relieve the milder toxic manifestations of cocaine poisoning, they signally fail when these symptoms are superseded by severe precordial pain, weak and rapid pulse, sighing respiration, borborygmus and belching of wind, muscular rigidity, and later paralysis of the whole body except the brain, which is unnaturally active. In such a case he used a large teacupful of clear coffee, and has found it equally efficacious on subsequent occasions. It can be administered cold or hot. He makes no mention of amylnitrite.

Gluck (Ibid.) advocates dissolving the cocaine in a 3 per cent. solution of phenol. This, he claims, prevents the toxic effects of the former drug and renders the solution stable; as is well known, such solutions otherwise lose their anæsthetic effect after twenty-four hours. Phenol, besides, has a certain anæsthetic power of its own, forms a superficial eschar, which prevents absorption of the cocaine, destroys bacteria, fungi, etc., prevents decomposition in the solution, renders it aseptic and wards off reactive congestion.

## The Use of Cod Liver Oil in Rheumatism.

Cod liver oil has obtained such a definite reputation against tuberculous and scrofulous affections that we are apt to forget its virtues in other maladies. In the first instance, it was employed against chronic rheumatism, and gained enthusiastic opinions. I have before me the original report in reference to this latter use by Dr. Bardsley, of Manchester, who in April, 1807, wrote that it had then for thirty years enjoyed a very high local reputation. It had been much used in the Manchester Infirmary by Dr. Percival and by Dr. Bardsley himself. The latter reports that it is variable in its efficacy, often in the mild and more common forms not doing any appreciable good. He thought it most useful in chronic cases in elderly persons and in women debilitated by parturition. He thought that it seldom did good unless it fattened. His dose was half an ounce to an ounce and a-half twice a day, and he found warm beer to be, with the laboring classes, the favorite vehicle. If benefit was obtained, it ought to be continued for six or eight months. He asserts:

"I have seen a few patients recover entirely by the exhibition of the oil who on their admission into the house were unable either to preserve the body in an erect position, or support its weight on the lower extremities." The consumption of cod liver oil in the Manchester Infirmary from 1776 to 1807 had averaged fifty or sixty gallons annually. It now amounts to four hundred gallons. The profusion with which new chemical remedies have been supplied to us of late years may, it is very possible, have led to the comparative neglect of old ones, and that, perhaps, not always to the advantage of our patients.—*Arch. of Surg.*

## MEDICINE

## The Disadvantages of Hot-water Bottles

The custom which so largely prevails mainly among ladies of using hot-water bottles in bed for the purpose of warming their feet, time-honored as it is, cannot after all be said to have had much to commend it. Indeed, there is a good deal more which can be urged against it than can be said in its favor. Ladies who resort to the habit, for habit it soon becomes in the majority of instances, suffer from cold feet, a condition which, it is needless to say, does not particularly conduce to the wooing of sleep. But cold feet is a symptom which should not be left to be dealt with at the end of the day; on the contrary, those in whom it occurs should bear in mind that in ordinary health the proper remedy for this condition is exercise. Nothing tends more to cause "cold feet" than sitting about the house all day, or reducing the daily exercise to a minimum amount, either on account of laziness or feebleness of will-power for exertion. Some persons console themselves with the reflection that they were born with cold feet, and on these grounds hold that it was always intended that they should warm them by artificial means, thus ignoring the necessity which exists for exercise. Hot bottles, too, used in this way become a fertile source of chilblains, and, moreover, are not devoid of danger. We heard the other day of two cases in which the ladies using them were seriously scalded by the cork of the earthenware bottle containing the boiling water suddenly popping out. This brings us to the consideration of whether hot bottles should be used at all, and we think the answer should be in the negative. The best way of warming cold feet at night is to clothe them with warm woolen socks or stockings, which may be slept in. By this means the temperature of the feet is gradually raised, and is equally maintained throughout the night without trouble or risk. Another useful plan is to raise the feet on a pillow about two inches above the knee, so as to facilitate the return of the blood through the veins of the limbs.—*Med. Press.*

## The Knee-jerks in Supervenosity.

Hughlings Jackson has observed that knee-jerks are absent in some cases of emphysema with bronchitis, where the blood has become venous to an extreme degree. Dr. Russell, at his suggestion, examined the knee-jerks of a dog, artificially asphyxiated by clamping its trachea; the animal's knee-jerks became exaggerated until knee clonus was produced; but in the third stage of asphyxia, no reaction could be obtained. As asphyxia diminishes, and in an extreme degree annuls, the excitability of the motor cortex, it may be that the preliminary exaggeration of the knee-jerk observed by Dr. Russell, was owing to loss of cerebral control upon lumbar centres, and that these spinal centres succumbed later to the influence of supervenous blood, than did the controlling cerebral motor centres. When oxygen is given to cyanosed patients, their



knee-jerks should be tested before and after the gas is administered. If successfully used, that is, if the patient's blood becomes well oxygenated, it is possible that knee-jerks obtainable before administration of the gas, may be elicited afterwards. If supervenosity causes loss of the knee-jerk, the fact may be important with reference to the apoplectic state, and also with regard to post-epileptic coma. In some cases of apoplexy from cerebral hemorrhage, the knee-jerks are lost, in others not. The author suggests investigating these points in all cases of supervenosity. —Brit. Med. Jour.

#### The Etiology of Acute Bright's Disease.

Agnes Bluhm (Deutsch. Archiv. f. klin. Med.) has classified the causes of all cases of Bright's disease occurring in the Medical clinic at Zurich, during a period of 5½ years. The infectious diseases are the chief cause of acute Bright's disease, occurring as it does after typhoid fever, acute exanthemata, erysipelas, variola, diphtheria, tonsillar angina, croupous pneumonia, acute peritonitis, and acute miliary tuberculosis. Among the chronic infectious diseases, tuberculosis and syphilis are mentioned; a number of skin diseases are also included. Eczema, psoriasis, tuberculosis cutis, and erythema nodosum. Among toxic causes, three cases are noted following the use of mercury, lead and thallin. Among the other causes of acute nephritis are mentioned; intestinal diseases, icterus, circulatory affections, pregnancy, leukemia, and gonorrhea. In nine per cent. of the cases, no etiology could be determined. The causes of the chronic parenchymatous form of nephritis are more uncertain, but it was due in the larger number of cases to malaria, misuse of alcohol, and unhygienic conditions. Among the causes of genuine contracted kidney, syphilis was present in eleven per cent. and arteriosclerosis in 17.7 per cent. of the cases; misuse of alcohol and lead were also concerned in the etiology of this form of nephritis. Regarding the development of acute nephritis after acute infectious diseases, it was observed that neither the severity nor the course of the primary affection exerted any special influence on the nephritis. —Cent. f. klin. Med.

#### SURGERY.

Poultices are remedial when the "sign is right," but some physicians have trouble in discerning when it is right, and place the poultice on the wrong place. A poultice should not be applied to a recent wound unless the physician wishes to interfere with the "vis medicatrix nature." It seems almost incredible that a physician will advise that a crushed finger, hand or other injured part be poulticed, and advise this measure day after day; but such is the lamentable fact. We call attention to this poulticing of recent wounds in particular, because it has been our luck to see several cases of this form of malpractice recently, and if any one who is in the habit of poulticing recent wounds should

happen to see this we will be amply repaid if he or she will stop and consider the harm that will be done by so unscientific a procedure. If you wish heat and moisture for the relief of pain and congestion, immerse the part in hot water until the effect is accomplished. This will give greater satisfaction to your patient and do real good. "The sign is right" for a poultice when you wish to devitalize the part and hasten or promote the suppurative process. Don't apply them to recent wounds. —Kansas Med. Jour.

#### Treatment of Hemorrhoids.

Mr. J. Brindley James states (Brit. Med. Jour.) that for some years he has been in the habit of treating hemorrhoids by the simple process of applying calomel to them with the finger alone, and without a single exception he has done so with marked success, especially when inflammatory action was obvious in the hemorrhoidal mass, characterized by mucous discharge, and hemorrhage, accompanied by a most painful sensation of weight in the rectal region. All these symptoms under this simple influence were speedily relieved, with the still more important subsequent advantage of the patient's restoration to ease. A short time since a patient came to him suffering so acutely that he could neither sit nor walk freely, each movement of the body entailing excruciating pain. He has now seen him thoroughly enabled to pursue his usual occupation in happy immunity from these distressing symptoms. —Ex.

#### Treatment of Appendicitis.

Appendicitis of the perforating type may generally be diagnosed by symptoms of shock, which speedily appear after the ulcerated appendix has developed. An anxious countenance; blue finger-tips; nose and ears cold; pulse and respiration excited, rapid or sighing, and out of relation with the temperature; tenderness in the abdomen; pain in the abdomen, generally in the neighborhood of the right inguinal region, are pretty reliable data for diagnosis of perforating appendicitis. When these symptoms occur in a case, there is no alternative but to open the peritoneal cavity and remove the offending appendix. But in another type of appendicitis, in which there are none of the symptoms of shock above described, except tenderness in the inguinal region with more or less rise of temperature, a surgeon may wait until he is satisfied that suppuration exists, and then incision should be made and the abscess evacuated. If the appendix can be readily reached and separated from the surrounding structure without breaking through the neighboring adhesions of the peritoneal cavity, it may be removed; but in the majority of cases of suppurating peritonitis in which there is a local abscess about the appendix, which can be reached without perforating the peritoneum, it is better to simply drain the cavity than to insist upon a removal of the ulcerated appendix. —Col. and Clin. Rec.



### Can a Septic Bullet Infect a Gunshot Wound.

L. Lagarde (New York Medical Journal) says:

The vast majority of cartridges in original packages are sterile and free from septic germs. This is due to the thorough disinfection and absolute cleanliness observed in the process of manufacture.

The disinfection with heat, acids, and alkalies, and the rigid rule of cleanliness used in the process of manufacture, are employed to exclude grease and dirt, as the latter impair the keeping qualities of the powder and disturb ballistic values.

The majority of gunshot wounds are aseptic, because the vast majority of the projectiles inflicting them are either sterile or free from aseptic germs.

Cartridges out of original packages show micro-organisms upon them, and these are not entirely, if at all, destroyed by the act of firing.

Anthrax, when applied to the projectile of a portable weapon, is seldom if ever entirely destroyed by the act of firing.

When a gunshot wound is inflicted upon a susceptible animal by a projectile infected with anthrax, the animal becomes infected with anthrax and in the vast majority of instances dies from said infection.

The heat developed by the act of firing is not sufficient to destroy all the organic matter on a projectile, the cherished notion of three centuries and more to the contrary notwithstanding.

The results justify the assumption that a septic bullet can infect a gunshot wound.

### OBSTETRICS.

#### Prevention and Cure of Puerperal Sepsis.

In a paper on this subject (Cln. Med. Jour.) Dr. W. W. Potter arrives at the following conclusions:

1. Obstetric engagements once accepted should be faithfully fulfilled, no matter how awkwardly they fit. Apply the same rule of cleanliness to the poor and rich alike. Decline service when this cannot be done. Human life is too precious to jeopardize it by slipshod, half-hearted or indifferent service.

2. The physician should be a model of cleanliness in body and clothing, and should insist upon the observance of similar conditions by all persons in and about the lying-in chamber.

3. The delivery room, whether in hovel or palace, court, alley, or avenue, should be simple in its furniture and hangings, and be cleaned with soap, water, and whitewash (if possible to use the latter) immediately before occupancy by the puerpera.

4. The delivery bed should consist of a new tick filled with sweet and clean straw, covered

with a blanket, impervious dressing, and a folded sheet, with other covering to be allowed according to season. Exceptions to this simple bed should be as few as possible, and in no event should a bed be substituted that has been used by the sick, or that is not beyond even a suspicion of infection.

5. The patient should be especially prepared for delivery by baths and enemata, vaginal douches, and clean clothing; and labor should be conducted on the lines of absolute cleanliness, with few digital examinations and a complete delivery of the secundines.

6. Lesions of the genital tract should receive careful attention; rents of the perineum should be repaired, and so, too, in some instances, should tears of the cervix.

7. Antiseptic solutions containing a germicide should be used for cleaning the hands and instruments of the operator. Intra-uterine irrigation with sterilized water should be carefully employed after operative midwifery, either manual or instrumental.

8. Finally, if sepsis proceeds to suppuration and abscess the abdomen should be opened, pus cavities emptied, irrigation used, and drainage established. If the uterus and adnexa become thoroughly infected they should be extirpated.

### NEWS AND MISCELLANY.

The Medical Society of the State of Pennsylvania will meet in Williamsport, May 16, 17, 18 and 19. All who desire to read papers at the session must submit them by title and probable time needed, to Dr. H. G. McCormick, Chairman of the Committee of Arrangements, Williamsport, not later than March 1st.

### ARMY AND NAVY.

FROM JANUARY 1, 1893, TO JANUARY 7, 1893.

First Lieutenant Isaac P. Ware, Assistant Surgeon, U. S. Army, is assigned to duty at Fort Sill, Oklahoma Territory until further orders.

The leave of absence for two weeks, on surgeon's certificate of disability, granted to Captain Adrian S. Polhemus, Assistant Surgeon, U. S. Army, is hereby extended fourteen (14) days, from December 30, 1892, on surgeon's certificate of disability.

Lieut. Col. Charles H. Alden, Deputy Surgeon General, U. S. A. to be Asst. Surg. Genl. with the rank of Colonel, Dec. 4, 1892, vice Heger, retired.

Major Albert Hartsuff, Surgeon, to be Deputy Surg. Genl. with rank of Lieut. Col. Dec. 4, 1892, vice Alden, promoted.

Capt. Louis M. Maus, Asst. Surgeon, to be Surgeon, with the rank of Major, Dec. 4, 1892, vice Hartsuff promoted.